CONSULTATIONS

IN

MIDWIFERY.

THREE HUNDRED

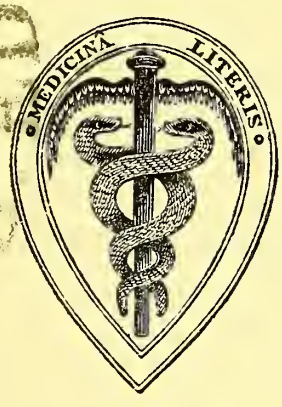
CONSULTATIONS

IN

MIDWIFERY.

BY

ROBERT LEE, M.D., F.R.S.



LONDON:
JOHN CHURCHILL AND SONS,
NEW BURLINGTON STREET.
MDCCCLXIV.

PRINTED BY J. E. ADLARD, BARTHOLOMEW CLOSE.

This Volume

IS

DEDICATED TO THE PUPILS

OF

ST. GEORGE'S HOSPITAL

BY

THEIR AFFECTIONATE FRIEND

ROBERT LEE.

CONSULTATIONS

IN

MIDWIFERY.

Case 1.—On Tuesday, the 6th of October, ——, Dr. —— called and requested me to see a patient in labour who resided near Drury Lane. He informed me that she had previously been delivered of six children, who were all born alive at the full period, and without any difficulty. Labour pains on this occasion he said had commenced on the Thursday before, when the liquor amnii escaped. The midwife had not been sent for till the Saturday, and he stated that the pains had been feeble until the Monday evening, when they became very severe and almost constant, with occasional vomiting. The patient complained of great exhaustion. Dr. —— saw her about midnight, and there was then nothing urgent, and her general appearance favorable; pains recurring frequently, but sharp; frequent vomiting, os uteri high up, rather puffy, dilated to the size of a crown; head presenting, but so high up that it was necessary to introduce the hand into the vagina to make out the state of the case. The catheter had

been passed, and a little water drawn off. Dr. —— waited for some time, and it appeared as if the parts would yield. He saw the patient again at 7 p.m.: os uteri rather more dilated, but not widely, but softer. Then saw her again about 10 or 11; os uteri more dilated, tongue furred, pulse feeble, a good deal of complaint of exhaustion. Face presenting, forehead to the right ilium.

When I arrived I found the patient delivered, the child lying dead upon the table, and the patient apparently dying. Mr. —— and another young man were present, and the former had delivered by turning.

When the liquor amnii had been discharged four days, the labour long continued, the face presenting, Dr. W— had spoken of using the long forceps. He thought the perforator and crotchet could not be employed when the face presented.

On the morning of the 8th, Dr. —— called and wrote upon a card "that the patient died twenty-four hours after delivery with symptoms of ruptured uterus." A post-mortem examination could not be obtained, and a coroner's inquest was not held.

Case 2.—March 29th, 1848.—Mrs. ——, several years ago, had suffered from puerperal mania, for which large doses of liquor opii sedativus, and morphia had been employed. Recovery took place, but she could not be induced to give up the sedative, and has ever since taken about six teaspoonfuls of laudanum three times every day, and has been kept in a constant dozing state, and wholly unable to discharge the ordinary duties of life. When I first saw this patient she was far advanced in pregnancy; the lower extremities were much swollen; she was in a state of great distress, and could not lie down; and her medical attendant, the late Mr. B. Phillips, thought her labour would be attended with great danger, and the question

of inducing premature labour was repeatedly brought forward by Mr. Phillips and discussed. Having seen a case very similar not long before, where the habit of taking opium had been formed under similar circumstances, and in which the uterus acted powerfully in expelling the child, and the recovery was favorable, I refused to induce premature labour in this case. The labour was natural, the uterus acted with great force, and a living child was expelled, and the placenta soon followed, and no unfavorable symptom occurred in the puerperal state. Both these patients have continued the habitual use of the sedatives, with the usual bad consequences to the body and mind. Pregnancy has not again occurred in the first of these cases, but it has in the second, and the labour was natural.

Case 3.—April 25th, 1848.—Mrs. ——, aged 34. The first labour had begun on the Friday night, with rupture of the membranes. It continued Saturday, Sunday, and Monday, till Tuesday at 2 o'clock in the morning. The os uteri had remained long rigid, the anterior part pressed down between the head and pelvis, orifice fully dilated twenty-four hours before I saw the patient. The pains are now almost all gone; pulse rapid and feeble, tongue furred, soreness of the abdomen, the anterior fontanelle to the front of the pelvis. An ear felt on the left side, I endeavoured to deliver with the forceps, but it was impossible to apply the blades in a satisfactory manner, and after repeated efforts the attempt was abandoned. After perforation, great force was required to extract the head. Proving that, no chance had existed for delivery with the forceps. The uterus did not contract, and the placenta was required to be removed artificially. No bad consequences followed, but the patient had been left too long in labour.

Case 4.—April 26th, 1848.—I was called at midnight to a patient who was near the full period of pregnancy, and had fallen and injured herself some days before. A great discharge of blood took place this evening, os uteri rigid; very little open, placenta not felt, membranes not ruptured. I ruptured them, and a great quantity of liquor amnii escaped. Pains came on four hours after, and the child was expelled alive. A dreadful hæmorrhage afterwards took place, the binder was applied, the placenta removed, stimulants given, and cold vigorously employed. 11 a.m. next day, going on well. Recovered favorably.

Case 5.—May 2nd, 1848.—I was called to a patient in labour, in Earl Street East, Edgware Road. Before my arrival, the child, premature, was born. An arm had presented, and an attempt had been made to turn, but the uterus was so firmly contracted, that it was impossible to introduce the hand. The case was left to nature, and the child was expelled doubled up through the pelvis.

Case 6.—May 8th, 1848.—Mrs. ——, in the eighth month of pregnancy. Hæmorrhage from the uterus during three weeks; doubtful whether there was placental presentation. Arrived at the house of the patient at five o'clock; the child had just been born; the mother faint and pallid, pulse scarcely to be felt; a great deal of jactitation. Brandy and wine were given; the binder and pad were applied, and strong pressure made over the uterus; but the placenta did not come away. The vagina was found filled with a large mass of coagulated blood. It became necessary to remove the placenta, which was extensively adherent. It was cautiously detached and removed, but the patient soon after began to toss about, the breathing became excessively hurried, a fit of convulsion took place, and death in no long time.

Case 7.—On the 10th of May, 1848, I was called to a case of dangerous uterine hæmorrhage in the ninth month of pregnancy, in which there had been complete placental presentation. Before I could reach the house of the patient, her medical attendant, seeing the danger to which she was exposed, and believing that her life could only be preserved by immediate delivery, introduced his hand into the uterus without difficulty, grasped the feet of the child, and turned. When I saw the patient the uterus had been emptied entirely of its contents, the flooding had ceased, and she recovered favorably.

Case 8.—May 18th, 1848.—Mrs. —— has had five children; is within six weeks of the full period. After a long walk fourteen days ago, pain was experienced yesterday in the back slightly, coming round to the hips; these pains went on two hours, when a considerable discharge of blood took place from the vagina; it left her, ever since which, a slight coffee-coloured discharge, trifling in amount; the night before last there was a considerable discharge after having had some pain. Yesterday morning Dr. —— saw Mrs. ——, and found the os uteri dilated to the size of a sixpence; no part of placenta presenting. She recovered from the hæmorrhage, which was not accompanied with faintness, and went on tolerably well all yesterday till about 6 p.m., when she began to have a few pains, about three or four, and accompanied with slight hæmorrhage. About 4 a.m., May 18th, slight pains in the back, four or five, and they were followed by a very considerable discharge, about a half pint; a good deal of faintness. At half-past 1 p.m., os uteri open; placenta not felt; head of child presenting; not faint. I ruptured the membranes with the finger. The subsequent history of the patient was communicated to me on the 19th of May. "Mrs. —— remained free from pain or hæmorrhage until

about 6 o'clock, when uterine pains, not very strong, came on every quarter of an hour. They went off about half-past 7 o'clock, and she continued quite easy until about 12 o'clock, when she was attacked with a severe rigor, which continued half an hour. Fever and some headache followed, when soon after labour pains came on, unattended with any hæmorrhage, and completed the process in about an hour. The placenta came away very easily, and the uterus contracted kindly, when Dr. —— left her. About an hour after, hæmorrhage to a very considerable extent supervened, so as to produce faintness, the uterus feeling flaccid, but not much enlarged; the discharge was almost all fluid. Pressure over the fundus, the application of cold, two doses of ergot and brandy and water, were the means employed to get rid of her alarming state; however, about six o'clock, the colour returned to her face, and she slept for half an hour, when she felt herself rid of her distressing faintness. She is now going on very well except severe headache."

Case 9.—Monday, May 22nd, 1848.—Mrs. —— suffered severely during the latter months of pregnancy. Delivered yesterday; labour natural. In less than twelve hours seized with vomiting, diarrhœa, rapid pulse, great pain about the region of the uterus. At 10 p.m. pulse scarcely to be felt; constant vomiting; diarrhœa has subsided; uterine region tender when pressed; insensible; pupils not dilated; apparently dying. Her medical attendant, about a month before, had a patient who died of uterine phlebitis. I met him in consultation at the house of this patient, and he went the same evening I met him and slept at Mrs. W—'s, who was then threatened with abortion, or premature confinement. No mischief ensued.

Case 10.—May 24th, 1848.—Mrs ——, profuse hæmorrhage in the seventh month without any appa-

rent cause. Two hours after, Mr. —— saw her, plugged the vagina, and applied cold, and did everything else that was right. The hæmorrhage went on; the membranes were ruptured, and the liquor amnii discharged, but the flooding continued. The patient was in such an alarming condition that immediate delivery alone could save her. Os uteri not sufficiently dilated to allow of turning. I opened the head, and extracted it with very great difficulty; all the bones completely smashed; an arm brought down, and the child extracted with the crotchet doubled up. Hæmorrhage still went on. Mr. —— passed up his hand and extracted the placenta. It appeared that the greater part of it had been detached. The detached part was of a dark, red colour, and partially covered with blood. Hæmorrhage still went on, and continued for some time. The patient ultimately recovered completely.

Case 11.—June 5th, 1848, Thursday, 4 a.m.—Mrs. ——· feeble and delicate; delivered at 2 a.m., placenta expelled naturally; soon after, a considerable flooding took place, followed by great faintness. A very large quantity of blood had been lost. Pupils dilated; eyelids half closed; pulse not to be felt; hands and feet cold. Hæmorrhage restrained; a bandage had been applied and afterwards removed. Stimulants given, and cold air admitted; the binder was reapplied; the wet clothes removed; warm flannels applied; bottles of hot water to the feet; gave brandy freely; everything done to preserve the circulation. The condition resembled that produced by a great dose of chloroform; vomiting took place in a short time; no hæmorrhage. I left her in a very doubtful condition; slightly conscious; breathing better; hands and feet warmer; friction along the spine employed; she remained several hours in the most alarming state, then rallied. At half-past 8

perfectly conscious. Still the pulse scarcely to be felt; face cold; occasional slight vomiting. The respiration and circulation so completely established that I had no doubt of her recovery. A more narrow escape from death was never seen.

Case 12.—June 7th, 1848.—Mrs. ——, æt. forty-three. No child for seventeen years. "A very peculiar person during pregnancy; pains in the head and side." Since conception these nervous symptoms have disappeared, and she has gone on well. None of the ordinary symptoms of pregnancy in the early months, but she did increase in size. At the end of three, discharge, apparently after conception; then the next month more discharge; now very near the full time, and has been poorly again." No dilatation of the os uteri; the hæmorrhage is not such as to excite any apprehension at present about her; but I recommended her to be kept quiet, and to wait patiently for the labour pains to commence, and not interfere at all, unless there was an increase of the discharge. The moment pains begin examine carefully, and if the placenta be not felt at the cervix, immediately rupture the membranes; do not wait for the complete dilatation taking place, but, on the contrary, evacuate the liquor amnii at the earliest possible period. Apply the binder rather firmly, and get the uterus to throw off its contents, and be prepared with stimulants and ice. I heard nothing more of the case.

Case 13.—June 10th, 1848.—Mrs. ——, fourteen days after delivery, a few miles from London. Puerperal insanity; delivered when in a state of insensibility from chloroform; this was given on the recommendation of a chemist. The case turned out to be one of great severity, and the patient was long in a lunatic asylum; she had not recovered completely five or six years afterwards.

Case 14.—Thursday, June 22nd, 1848.—Mrs. ——, delivered on Saturday morning, near Buckingham Gate. Labour natural. On Tuesday, quickness of pulse, vomiting of bilious matters, followed by an eruption like scarlatina; great pain in all the joints; sore throat; puffy swelling on the outside of the ankles; great pain in the wrists; no delirium.

23rd.—Dying. A great scarlet eruption over the extremities; uncertain whether this was a case of malignant scarlet fever or uterine phlebitis.

Case 15.—July 25th, 1848.—Mrs. ——, delivered suddenly this morning when standing. The naval string was torn; the child fell to the ground. Not the slightest bleeding took place from the lacerated cord. Uterus not inverted, and no injury of any kind sustained. Both mother and child did well.

Case 16.—July 31st, 1848.—I saw a case of very protracted labour—it was the first. It began on the Thursday night, went on the whole of Friday, Saturday, and Sunday. At 6 p.m. on Monday the greater part of the head was still above the brim of the pelvis; rapid pulse; flushed countenance; great tenderness and extension of the abdomen; no progress since 4 a.m.; fœtid discharge from the parts; fœtal heart not heard. The forceps could not be employed with propriety. I opened the head; long continued and strong efforts required to extract it. After its extraction a great quantity of fœtid air rushed from the interior of the uterus, and contaminated the whole room. The perineum was slightly torn, though the greatest care was taken in extracting the child; the placenta came away readily.

Case 17.—August 2nd, 1848.—Mr. —— called and informed me that he had been sent for that morning to a case of labour. The liquor amnii had been

discharged; os uteri fully dilated; something extraordinary about the head; could not at first ascertain that it was the head; got assistance from an experienced practitioner, who could not tell what it was, except that it was the head; it felt like a bag attached to the head. Mr. —— stated that he passed the hand into the uterus, passed the bag of membranes, then passed it over the solid body, which he felt was the head. Passed the hand into the uterus, and ascertained that the head was presenting; ascertained that it was not the shoulder, as had been suspected, a hand lying by the side of the head. Between the head and the uterus was this large protrusion, like a bag of membranes, protruding from the head and continuous with it. "The head had not come down into the pelvis at all." At 2 p.m. found the case precisely as described; the head entirely above the brim; the os uteri completely dilated, incessant violent efforts to bear down, threatening rupture of the uterus; hard as a board over the abdomen; incessant vomiting; great restlessness; quiet pulse. I passed up the perforator: a large quantity of bloody fluid escaped, and the tumour collapsed. Head easily extracted afterwards. August 4th.—Patient recovering.

Case 18.—Friday, August 11th, 1848.—Mrs. ——, delivered by Mr. —— on Tuesday week; second child; labour natural. Went on well for some days, then slight fever; swelling of the right knee, with stiffness; pain of the left, with swelling under the ham. Both arms, around, above, and below the elbow-joints, became red, swollen, and painful, chiefly the left; hardness along the forearm; fluctuation; extensive large vesicles formed over the left forearm; rapid pulse; coated tongue in the middle and red on the edges; sickness at stomach; irritable bowels; pain on the right side of the uterus; uterus itself large; milk in small quantity; slight delirium; died.

Case 19.—Tuesday, August 15th, 1848.—I was requested to see a patient who had been delivered twelve days before. She had been eleven years in the West Indies, and had suffered from ague; was very large during the latter period of pregnancy—the first. Labour natural: there is now very great tenderness of the abdomen; fluctuation; rapid, feeble pulse. Tongue clear; eight leeches, chalk of mercury, Dover's powder, diuretics. An inflammatory state of the peritoneum; no evidence of disease of the liver. 16th.—Rapid pulse; pain, especially on the left side, where there was a remarkable fulness and distinct fluctuation. Leeches, calomel, and purgatives were administered. September 8th.—Enlargement has not diminished; fluctuation. The symptoms of inflammation gradually disappeared, but the fluctuation increased, and in the progress of time tapping became necessary; the fluid had evidently been contained in an ovarian cyst. After repeated tappings, the patient ultimately died of ovarian disease.

Case 20.—Saturday, September 2nd, 1848.—Mr. —— requested me to see a patient whose first labour had commenced on the Thursday evening, and had gone on slowly all the night. It went on slowly during the Friday; every attention was paid to the bladder, and the case watched with anxiety. The labour was allowed to go on until half-past ten on Saturday. The head of the child was then so low that an ear could be felt, but it was firmly wedged in the pelvis, pressed on all sides; pains nearly gone; rapid pulse; greatly exhausted. It was obvious the child never would be expelled by the natural efforts. The finger passed around the head with great difficulty. The catheter had been passed with much difficulty. It was not a case for the forceps, but I was urged to make an attempt to deliver with the forceps. The blades were introduced cautiously, but great dif-

ficulty was experienced in locking them. After employing all the force to extract the head that I considered justifiable, without success, the blades were removed, and the head opened, and the time and exertion required to draw it out of the pelvis proved that delivery could not have been effected with the forceps without irreparable injury to the mother. The recovery was not unfavorable; no sloughing took place, though the labour had been allowed to continue too long, and the attempt to deliver with the forceps must have bruised all the soft parts within the pelvis.

Case 21.—On September 13th, 1848, I received the following note from Dr. Ashwell: "I want you to see immediately the lady who is just confined, now suffering alarming, most alarming, syncope. Come back with Mr. ——, as soon as possible." The patient was twenty-two years of age. The first labour had commenced at eight the night before. A severe labour; child alive, violent effort to expel the child at the close of the labour. The uterus contracted, and the placenta was expelled naturally. No hæmorrhage; suddenly great faintness followed; at half-past eleven brandy had been given largely; no pulse at the wrist; cold extremities; dilated pupils; great jactitation; the power of swallowing soon lost, and by mid-day dead. 14th.—The day after I was informed that the body was examined, and that the superior longitudinal sinus of the brain was found ruptured.

Case 22.—Sunday, September 24th, 1848.—Mrs. ——, æt. 23. Mr. —— was called to this patient on Friday at 12 o'clock. There were lingering pains; the membranes not ruptured; os uteri was considerably dilated. "The bag of water had passed the os externum on Friday;" the pains went off for some hours, and then some small pains came on Saturday.

Plenty of strength about her; dozed between the pains; the head descended, but very gradually, and all night the pains seemed inclined to increase; still did not come with vigour; the head is now advanced, but does not press upon the perineum; very little progress made for twenty-four hours; this morning has not been able to pass the water readily; bowels opened speedily, as with castor-oil. Sunday, 1 p.m.—Is now by report becoming exhausted; tongue furred, and some feverishness; has considerable power, but is beginning to tire." Tongue clean and moist; pulse good; abdomen not tender, head of child in the brim; the head has not passed into the pelvis. With great difficulty an ear can be felt above and behind the symphysis pubis—parts not suffering from pressure; fœtor in the discharges; not exhausted; impossible to deliver with the forceps. 6 p.m.—Uterine contractions came on, and the child was expelled dead. The head was very much compressed. The pelvis in this case was afterwards ascertained to be somewhat distorted, and in a subsequent protracted labour I was informed that the delivery was accomplished by craniotomy, and that sloughing of the parts followed.

Case 23.—September 28th, 1848.—Mrs. ——, residing near Buckingham Palace, was delivered on Sunday last of her first child; rather tedious labour. "The cord twice round the neck, felt before the child was born. Labour completed about four in the morning without any artificial assistance; it was quite natural, it did not last above twelve hours. During pregnancy had suffered from a varicose state of the veins of both legs, especially the right. About the fifth month it was considerable, but she went about without any particular treatment being required. On Monday, going on well. Yesterday (Tuesday) complained of stiffness of the left leg above the ankle-joint; the part above the ankle on the inner surface

was red and swollen, and the branches of the saphena vein up to the ham, hard and painful. Fomentations were ordered, and ten leeches were applied over the part, which bled freely. A mixture with Minderenus and Dover's powder given; pulse 130." Wednesday 1½ p.m.—Pulse above 140, very restless; great swelling of the leg and great tenderness along the saphena vein in the thigh, as high as the groin; complains of occasional sickness; no affection of the chest or diarrhœa. The whole leg, from the foot to the knee along the inner surface, is now considerably swollen and excessively tender. The veins are felt hard, and are painful on pressure; great prostration of strength. Tongue furred in the centre, red on the edges. Six leeches were applied between the knee and groin. 28th. Thursday.—Died this morning at half-past six. The body was examined by the gentleman who had attended the patient, and the following is his report of the appearances:—"I examined the veins of Mrs. —— last evening; it was filled the whole length, from the ankle to the groin, with dark, coagulated blood, which stained the cellular tissue which surrounded it with the same colour. There was no appearance whatever of pus either in the vein itself or in the cellular tissue; at least I could not detect it. The elbow-joint was swollen and puffy, and the veins around it of a dark colour, as in the leg."

Case 24.—September 28th, 1848.—Mrs. ——, delivered by Mr. —— of her first child on Monday last; labour natural. On Tuesday perfectly well. Wednesday.—Three alvine evacuations, which was very unusual for her. No sickness, very rapid pulse, and slight incoherence. In the evening tenderness of the abdomen. Thursday.—Dusky countenance; perfectly incoherent; sordes on the teeth; she would not protrude the tongue when required; pulse above 140, and very feeble. A red swelling

over the elbow-joint; no cough nor affection of the chest; abdomen swollen; slightly tympanitic; painful on pressure; no milk. The case I considered to be one of uterine phlebitis, and thought it would terminate fatally. Wine and other stimulants were recommended. 11 p.m.—Extremities cold; great restlessness; more pain about abdomen, and sordes on teeth. Altogether in a hopeless condition.

Case 25.—October 5th, 1848, Great Wyld Street.—Mrs. ——, æt. 40, at eight last night delivered by Dr. —— of her second child; labour natural. At 11 p.m. seized with convulsions, preceded by vomiting. V.S. ad ʒxv; hair cut off; fits of great violence during the night; just recovering from a severe fit. Pulse rapid and feeble; pulsation about the neck; she had been ill with ulcers of the legs during pregnancy; power of swallowing lost; the fits and insensibility continued till she died.

Case 26.—On Saturday, October 28th, 1848, in George Street, Portman Square, I saw a patient with confluent small-pox, who had been delivered on the previous Wednesday; labour natural. Yesterday she was feverish, and occasionally slightly delirious. This morning the whole body red, as if afflicted with erysipelas, mixed with petechiæ. The lower part of the abdomen covered with ulcers, and thighs and legs; pustules beginning to rise on the face; frequent cough, from affection of the larynx; the mark of vaccination distinct on the right arm. How the poison was introduced in this case could not be ascertained.

Case 27.—December 20th, 1848.—Mrs. ——, near Sadlers' Wells, delivered five or six days ago, first child, natural labour. "The quickest first labour Mr. —— recollects to have seen. Went on very well

next day, except that the uterus was a little enlarged and slightly tender; the following day large and hard, but not exquisitely tender. A nervous tenderness; has always a small, quiet pulse; no rigor; tongue moist; suppression of urine took place; passed the catheter, but only two tablespoonfuls drawn off; lochia continued; next morning passed the catheter again, and drew off the same quantity, a small quantity having been passed with pain in the interval. 19th.—Passed about half a pint. 20th.—Now complains of considerable pain recurring at intervals in the region of the uterus. No delirium, but vomiting." 2 p.m.—Met Mr. —; found Mrs. —— sitting up on the edge of the bed, supported by a chair, with her feet and legs swollen. Pulse natural; the abdomen greatly swollen and exquisitely painful; there was great distension of the hypogastrium, and fluctuation very distinct. The abdomen was as large as at the full period of pregnancy. Mrs. —— had been delivered just a week before. Mr. — had not passed the catheter since the Friday, and very little urine had been passed on the Saturday, Sunday, Monday, Tuesday, and none on the Wednesday, except a little fœtid, thick, offensive matter. I passed the catheter, and had the inexpressible pleasure to find that a chamber-pot full of urine escaped, and Mrs. —— was immediately relieved.

Case 28.—At 11 a.m., Sunday, 14th January, 1849, I saw a patient in labour near Westminster Abbey, who had curvature of the spine and distortion of the pelvis. She had been delivered with instruments, of what sort I was not told, eight years before, and since had been delivered of a dead child. I was informed that the labour had commenced early on Friday last. At 8 a.m. the os uteri was full and dilated, and the membranes ruptured. About midday, pains ceased; in the evening, vomiting began. Another practitioner had been called to see the patient,

who recommended that she should not be delivered, but that brandy and other stimulants should be given. She was left all the Friday night, all the Saturday and Saturday night in labour, vomiting, with a weak pulse, and no pain. I found her on the Sunday morning with a sunk countenance; head of child above the brim of the pelvis; so much tenderness of abdomen that she could not move. Constant sickness. I opened the head, and extracted it with much difficulty. The child had been dead some days; the skin was peeling off. A great rush of blood took place after the spontaneous expulsion of the placenta, which took place soon after the extraction of the child. The practitioner who had been called into consultation recommended, if the pains did not return, that the long forceps should be applied. The patient died at 6·30 p.m. The body was examined by the practitioner who had the care of the patient from the commencement of the labour, and he informed me that the sac of the peritoneum was distended with air; that there was a great rent in the back part of the uterus—"a fearful rent of that organ," he said, "just at its junction with the vagina, and so extensive as to sever completely the posterior connection of these two parts." "The pelvis was an upright one—neck, lateral, $4\frac{3}{4}$; ant. post. $4\frac{1}{2}$; oblique, 5 inches. Outlet from tuberosity of ischium to do. $2\frac{1}{8}$. The arch formed by the rami of the ischia and pubes was very narrow; nothing remarkable observed about the sacrum."

Case 29.—At 7 a.m. on Friday, January 19th, 1849, I was called to a case of labour in which the arm presented. The labour had commenced forty-eight hours before, on Wednesday morning. The membranes were ruptured at night; the presenting part not ascertained; os uteri little dilated. No pain. At 4 in the morning, strong uterine contractions, when Mr. —— was called, and found an arm in the

vagina. Mr. —— was called into consultation, and made strong efforts to turn for an hour and a half. A foot was reached, but it could not be brought into the vagina. I made several ineffectual efforts to grasp the foot and draw it down. I then attempted to detach the arm from the trunk, which hung externally and blocked up the passage, but could not succeed. At last, with the finger of the left hand and the crotchet in the right hand, I forced the instrument into the foot, and drew it down so far as to get a tape round the ankle. After this I readily turned and delivered, forcing back the presenting part; the nates gradually came round. Bad practice; but the patient recovered in the most favorable manner.

Case 30.—On the 19th January, 1849, I saw a lady, about thirty-five years of age, who was in the seven and a half month of her first pregnancy. She had married without the consent of her relations, and in opposition to the wishes of her medical attendant, Mr. —. I was consulted on the course to be pursued—whether she was to be allowed to go to the full period, or premature labour should be induced. The spine was extremely distorted, some of the bodies of the dorsal vertebræ being destroyed and anchylosed. The arms and legs not bent. The pelvis was small, the base of the sacrum readily felt with the point of the finger, leaving no doubt that the sacro-pubic diameter was considerably under the ordinary length. On the 4th February, I had no difficulty in passing up the stiletted probe-pointed catheter, and opening the membranes. A thick, dark-coloured fluid escaped; from this, and not hearing the heart of the child beating before, I concluded that it was dead. On Monday, the following day, the child was expelled dead. It had been dead some time. Recovered favorably.

Case 31.—On the 23rd January, 1849, I was called

to see a patient at Brompton, who was dying from peritoneal inflammation, and sloughing within the pelvis. She was a short woman, but not distorted, at least this had not been ascertained. The labour had lasted forty-eight hours. The presenting part was not at first ascertained. The labour had commenced on the Monday. On Thursday night the os uteri was fully dilated. No progress. The operation of turning was performed by Dr. ——. Great difficulty was experienced in extracting the head of the child; still greater in drawing through the arms. Five hours, I was informed, were spent in violent dragging before the head could be drawn through the brim. The operator thought of opening the head, but this was not done. The abdomen was tympanitic; fœtid discharge from sloughing of the vagina. Death followed very soon.

Case 32.—On the 28th March, 1849, I saw a case at Hampstead, in which the arm presented. I arrived when the os uteri was fully dilated, and the membranes on the point of being ruptured. I immediately took off my coat, and turned with great ease, and the child was born alive.

Case 33.—On the 20th April, 1849, I saw a lady who was seven months pregnant, and whose abdomen was greatly enlarged. There was distinct fluctuation. On the 29th, the distension had very much increased; I passed the stiletted catheter, and drew off sixteen pints of liquor amnii. On the 30th, twins were still-born. "One placenta with two cords. Both fœtus's had been contained in one great sac, composed of decidua, chorion, and amnion, which had contained the two fœtuses and the two gallons of liquor amnii." I never saw this before; the fœtuses having always been in two separate sacs—two amnions.

Case 34.—On the 27th April, 1849, I attended a

lady in her first labour, who had been in a state of insanity during the latter months of pregnancy. A near relation had destroyed himself in a fit of mania. When the labour commenced, the patient became altogether ungovernable, and threw herself about the bed during the pains, and screamed violently. The uterine contractions were feeble and irregular; the pulse was rapid and feeble, and before the os uteri had been half dilated, and it had become obvious that she would never be delivered by the natural efforts. A portion of the funis without pulsation hung through the os uteri. It was feared, if the labour had been allowed to go on, that convulsions would ensue; and the operation of craniotomy was had recourse to after a consultation. The head was perforated and extracted with great difficulty, and the whole operation required unusual care, as it was impossible to preserve the patient long in the proper position. The operation of turning would not have been employed in this case if it had not been positively ascertained that the child was dead. The insanity gradually disappeared, and she was restored to perfect health, and has since been pregnant, and been safely delivered without any return of the insanity.

Case 35.—In the autumn of 1853, I was requested to visit a lady in a private lunatic asylum, who some time before had been seized with mania in the puerperal state, and who had remained maniacal. She had occasionally been seen by her husband, and the object of my visit was to determine whether pregnancy existed. There could be no doubt of the fact, and the patient was safely delivered without any unusual assistance at the full period in November, 1853. I was afterwards informed by her medical attendant that her mental condition is not at all improved at present. Some degree of interest attaches to the case, he said, from the fact of her having been "insane at

the time of conception, and during the whole period of gestation, for she has been in this house 284 days, and she was stated to have been insane three months before her admission." My impression now is, that this patient was ultimately restored to perfect health, but of this I am not absolutely certain.

Case 36.—On the 23rd September, 1853, I saw a lady at Kentish Town who had disease of the lungs and insanity near the full period of her first pregnancy. Her husband and she had set out for Australia, and met with sad disasters at sea. The ship returned to Plymouth, and they were so sick and in such a wretched condition, that they resolved to return home. The patient has been for a short time in an incoherent state, with a rapid, feeble pulse. Her condition was such that I thought it justifiable, if no improvement speedily took place, to recommend the induction of premature labour. On the 29th September, an unsuccessful attempt was made by her medical attendant to rupture the membranes with the finger. He then went home for the stiletted catheter, and succeeded. A living child was born next morning, ten hours after this was done. "Good uterine contractions followed the evacuation of the liquor amnii, and the placenta was expelled, and nothing went wrong."

Case 37.—On Friday, the 13th June, 1856, I saw, at Sydenham, a case of violent mania in the sixth month of pregnancy. This patient had suffered from puerperal mania for some weeks after her first confinement. The question in this case was whether premature labour should be induced. The patient was in such a violent condition that it would not have been possible to have safely passed up the instrument into the uterus and perforated the membranes, if it had been considered necessary to do this. I recom-

mended proper restraint, shaving the head, cold lotions, leeches to the temples, and giving cathartic medicine. The symptoms gradually diminished in intensity, and I believe the patient was safely delivered, and ultimately recovered perfectly.

Case 38.—On the 8th May, 1849, I was called by Mr. —— to see a patient in the eighth month of pregnancy, who without any apparent cause had been seized a short time before with an alarming uterine hæmorrhage. There were no labour pains, and the os uteri was little dilated, and the placenta could not be felt—it did not present. There was great faintness, and the pulse was so weak that it could not be counted. It seemed probable the case would soon terminate fatally, whatever course was pursued. The membranes were immediately ruptured, and the os uteri gently dilated with the finger. While this was being done, a great gush of blood took place. Turning was out of the question, from the undilated state of the os uteri, and the certainty that the child was dead by the extensive detachment of the placenta, which must have taken place to give rise to such a flooding. I opened the head and extracted the child without loss of time; the placenta immediately followed with an immense quantity of coagulated blood. She died some hours after, though no further loss of blood took place.

Case 39.—On the 9th May, 1849, I saw a case of labour in which the arm of the child presented, and the funis without pulsation. The patient had been long in labour. The head being felt at the brim of the pelvis, it was opened and extracted with the crotchet. No attempt was made to turn the dead child. The placenta soon came away, and the patient recovered in the most favorable manner.

Case 40.—On Wednesday night, the 30th May, 1849, I was requested to see a lady far advanced in pregnancy, who, on the Sunday before, had been seized with pain in the situation of the right kidney, and on the Monday, blood had escaped with the urine. On Wednesday, the catheter was passed by her medical attendant, and the urine was largely mixed with blood. Tenderness continued in the situation of the right kidney. Pulse quiet. No milk fever. No symptom of labour. Eighteen leeches were applied. Two or three days' labour supervened, and the affection gradually declined after the delivery.

Case 41.—On the 25th June, 1849, I was called to see a patient in George Street, Portman Square, whose first child had been delivered with the forceps. The child was dead, and she had a bad recovery. The second labour came on before the full period, and the child was expelled without any artificial assistance. She had been twenty-four hours in her third labour, when I was called to determine whether it was safe to allow the labour to continue longer. The meconium was passing, and there was every reason to believe that the child was not alive. The head was jammed in the brim of the pelvis. The operation of craniotomy was performed, and the patient recovered without an unfavorable symptom. In the next pregnancy, at the seven and a half month, I recommended her medical attendant to induce premature labour.

Case 42.—On the 5th July, 1849, I was requested to see a lady who had been long in labour—upwards of thirty hours—with her first child. The child had been dead some time, and she was completely exhausted. She was safely delivered with the perforator and crotchet. The cuticle of the child was peeling off. The placenta being retained beyond the usual period, the hand was introduced, and it was removed,

but with difficulty, and hæmorrhage to some extent followed.

Case 43.—Mrs. ——, on the 25th July, 1849, at 4 a.m., being at the full period of her sixth or seventh pregnancy; the liquor amnii escaped. At 7 a.m. I ascertained that the nates presented. The labour continued during the whole day, and at 10 p.m. she was greatly exhausted, and the nates had not passed through the brim of the pelvis. There was no chance of the child ever being born by the natural efforts, and by no means connected with the safety of the child and mother could I succeed in drawing the nates into the cavity of the pelvis. After a consultation with Dr. ——, a blunt hook was passed with great difficulty over the left groin, between the thigh and trunk, and great force was required to draw the head through the pelvis. The uterus was so firmly contracted upon the child that it was not considered safe to force back the nates and attempt to bring down the lower extremities. No bad consequence followed.

Case 44.—26th July, 1849.—Flooding some time after the expulsion of the placenta, with Mr. —— in Charlotte Street. He had left the patient, and on returning found an immense hæmorrhage with the uterus distended with blood. Passed his hand and removed all the clots. Hæmorrhage went on, and the patient was nearly dead. When I saw her, there was no binder round the abdomen. I applied a pad and strong bandages, ice externally, and gave brandy and water liberally, and the patient recovered.

Case 45.—July 26th, 1849.—About mid-day, a lady at Kensington, nearly seven months pregnant, was suddenly seized with uterine hæmorrhage. The day before she had been driving on a

rough road. Mr. —— soon saw her, made an examination, and felt the placenta. I saw her at his request about half-past 4 o'clock in the afternoon. The os uteri allowed two fingers to be introduced. No hæmorrhage; no faintness; no pain. Felt a portion of the placenta on the left side; on the right the membranes and the limbs of the fœtus. I recommended immediate delivery if the hæmorrhage should return, by passing two fingers through the os uteri, and seizing one of the lower extremities. At 3 a.m. the flooding again returned suddenly, at which time the delivery was effected by Mr. ——, by laying hold of a foot with two fingers. The whole hand was not introduced. The head passed without much difficulty; the placenta was adhering firmly, and a good deal of difficulty was experienced in getting it away. All the placenta was attached, except the little portion that we felt through the os uteri. In this case I think it would have been the best practice to deliver at 4.30 p.m. No good resulted from waiting till the following morning, when much blood was lost.

Case 46.—Mrs. ——, 24th October, 1849, Thursday.—Labour commenced at 2 a.m., full period. Os uteri fully dilated, membranes ruptured. At 4, difficulty in ascertaining the presentation. Ascertained to be preternatural at 6; a hand of the fœtus then felt. Passed up my left hand into the uterus, seized a foot, turned, and delivered. The head drawn through the brim with great difficulty. Child dead. It was known before the labour commenced that the pelvis was small, and the propriety of inducing premature labour had been considered.

Case 47.—At 9 the same evening called to Mrs. ——, Brompton. Os uteri fully dilated; feet presented; slowly extracted them, the head and trunk

—cord thrice round the neck; great difficulty in extracting the head. The child did not breathe for some time, but at last did so. A small child.

Case 48.—On the 27th October, 1849, Mr. Booth, of Great Queen Street, Westminster, requested me to see Mrs. ——, who had been in labour forty-eight hours, and whose pelvis was distorted in the highest degree from mollities ossium. After perforating the head, which had not entered the brim of the pelvis, I succeeded after more than two hours' exertion in tearing the bones in pieces with the crotchet, and extracting them. The partially dilated state of the os uteri greatly increased the difficulty and danger of the operation. The patient recovered without any unfavorable symptom. Her lameness, which had commenced four years before, gradually increased after this confinement.

Case 49.—At the beginning of December, 1852, I was informed by Mr. Booth that this patient was again pregnant, and in the fifth month. Several of the usual symptoms of pregnancy were wanting; and in consequence of this it was resolved to postpone for another month any interference. On the 5th of January, 1853, I again saw this patient, when the movements of the fœtus could be distinctly felt, and the necessity of immediately attempting to induce premature labour was obvious and urgent. The tuberosities of the ischia were almost in contact, and the sacrum projecting forward so much as nearly to touch the front of the pelvis. The impression made upon my mind was, that I had never before in practice encountered such a case of distortion of the pelvis, or one in which so much difficulty would be experienced in reaching the os uteri, introducing the stiletted catheter, and puncturing the membranes. After a time the fore and middle fingers of the left

hand were passed into the vagina, and I succeeded, by pressing forward its anterior wall with the middle finger, in touching the anterior lip of the os uteri with the point of the forefinger, and by means of this the instrument was guided into the cavity of the uterus, and the membranes punctured. The liquor amnii immediately began to escape, and continued flowing till the morning of Friday the 7th of January at 4 o'clock, when labour pains commenced. At 2 p.m. the os uteri was so much dilated that the points of two fingers could be introduced, and the fact ascertained that the head did not present; but whether it was the shoulder or nates could not be determined. At 7 p.m. the right hand was hanging out of the external parts, and the shoulder and thorax had sunk deeper into the pelvis than it had appeared possible for them to do before the labour commenced. We found, on carefully examining, that the tuberosities of the ischia had been pressed to a considerable distance apart, in consequence of which the short diameter of the outlet was increased, and there could be little doubt that the bones at the brim had also somewhat yielded to the pressure, and that the distance from the sacrum to the symphysis pubis had been likewise increased. Mr. Booth having drawn down the shoulder as low as possible, I removed the viscera of the thorax with the crotchet, and afterwards forcing its point on the spine as near as possible to the pelvis, succeeded after strong traction in drawing the nates and lower extremities through the pelvis of the mother. The other superior extremity of the fœtus soon followed, and little difficulty was experienced in crushing and extracting the head. The placenta soon followed, and on the 29th January I had the satisfaction of receiving the following letter from Mr. Booth, three weeks after delivery—

"3, Great Queen Street, Westminster;
"*January 29th*, 1853.

"My dear Sir,—Mrs. —— is progressing very satisfactorily. She is lifted out of bed, and sits in an easy chair two or three hours each day. Her appetite is pretty good, and general strength improving. She can stand up for a short time if she leans her weight on a table; but she cannot move a foot in the least.

"I am, my dear Sir,
"Yours obliged,
"E. Booth."

Case 50.—January 25th, 1850.—Mrs. ——, æt. 25, at the full period of her first pregnancy. Labour commenced this morning at 5, but she had slight pains for some time before; she had not suffered from headache during the latter months of pregnancy. Began to complain of headache soon after the labour commenced; pains feeble and irregular. At 10 a.m. had a fit of convulsion; there had been twelve fits during the day. Mr. —— ruptured the membranes at 5 p.m. He attempted to do so at 1, but the os uteri was so high up that he did not succeed. Soon after the rupture of the membranes pains came on, and the child was expelled dead at 9 p.m. The placenta soon followed; she was insensible, and had fits up to the time of delivery occasionally. Half an hour after delivery she had a violent fit, but has had none during the night, though extremely restless, attempting to get out of bed, till this morning. A severe fit a quarter of an hour ago, a little before 10. The pulse being still full, I recommended ℥xii of blood to be removed by cupping, and the head to be shaved, and covered within a bladder. The fits ceased; œdema of the legs had been observed during labour—it had not been noticed before. January 28th.—Is now recovering in the most favorable manner.

Case 51.—On the 30th June, 1845, I was requested to see Mrs. ——, æt. 34, to determine, if possible, whether pregnancy existed. She had been married thirteen years, had enjoyed good health, and the catamenia had been regular from the age of fourteen and a half, to Christmas, 1844. She had consulted a medical practitioner, who prescribed some medicine, after assuring her that the symptom did not arise from pregnancy. I found the upper part of the vagina nearly closed up with extensive and hard cicatrices, and I was then informed that, many years before, she had suffered from abscesses about the pelvis; the lower part of the vagina was widely dilated, and this was the only circumstance that could be learned to account for the existence of these cicatrices. From the condition of the mammæ and from feeling the body of the uterus enlarged, and a movable body within it, and the state of the os uteri, which it was difficult to reach, I concluded that pregnancy did exist, and that she was in the fourth or fifth month. It was considered upon the whole more prudent not to induce premature labour, but to allow her to go the full period, in the hope that the cicatrices in the vagina would yield to the pressure and allow the head to pass.

On the morning of the 18th October, 1845, the labour had continued two days and three nights, and there had been no progress for twenty-four hours, and it had become obvious that the cicatrices would never yield and allow the head to pass. There was likewise reason to believe, from the fœtor of the discharge and the other symptoms, that the child was not alive. I therefore perforated the head, and cautiously extracted it. The placenta was retained and required to be removed artificially. No hæmorrhage followed. Recovered favorably.

Case 52.—On the 16th March, 1850, I was re-

quested to see the same patient, who had been seized with uterine hæmorrhage in the seventh month of pregnancy. I found the os uteri dilated to the size of half-a-crown, and the placenta partially presenting. At 4 p.m. I ruptured the membranes, in the hope that the head, which presented, would pass; but at 8 p.m. the hæmorrhage continued, and I opened and extracted the head. A portion of the placenta was adhering firmly to the uterus, and was separated with difficulty. The patient had not a favorable recovery, but in the progress of time was restored to her usual health. The cicatrix and the partial placenta presenting led to the method here adopted.

Case 53.—On the 21st April, 1850, about 12.30 I accompanied Mr. —— to Frederick Street, Gray's Inn Lane, to Mrs. ——, who had been in labour with her first child since the morning of Friday. He had not left the house for forty-five hours; the head presented for twenty-four hours before I saw the patient; it was near the outlet. Pulse rapid; tongue furred; sleep for three nights; in a state to demand immediate delivery; discharges offensive; the external parts in a condition to render it impossible to extract the head with the forceps without certain mischief. One of the ears felt with difficulty, the pains had nearly ceased. Delivery was accomplished by craniotomy, at 4 p.m. The placenta not coming away, I passed up the finger along the cord and felt the head of a second child. We resolved to leave the expulsion of this child to nature, but in three hours it became evident that it would never be expelled without artificial assistance. The blades of the forceps were applied, and the head easily extracted. The child had been dead some time, which made me regret that the second child likewise was not delivered by craniotomy, as the first had been. The placenta being retained beyond the usual period, passed up two fingers of left hand

and felt the edge of the placenta; seized it, and on employing slight traction the placenta of the second child came away—that of the first retained. I resolved to extract it without delay; the left hand was passed up, and it was removed without much difficulty. I left the house at 9 p.m., all well. This patient recovered favorably, and has since had a living child without any difficulty.

Case 54.—At 6.30 p.m., on the 22nd April, 1850, I was called to see Mrs. ——, who was eight months pregnant, and had been seized with violent convulsions. One pound of blood had been drawn from the arm, and leeches applied to the temples. The fits continued; she was with difficulty carried up stairs, and placed upon the bed. I examined and found the os uteri slightly open. The membranes were immediately ruptured, and a great quantity of liquor amnii escaped. Labour pains soon commenced; the fits ceased—only one fit after the rupture of the membranes; consciousness returned; child expelled alive at 9 p.m. Soon after, I left the patient in the care of two experienced medical practitioners. The pupils were dilated in this case. 24th.—The fits returned, and I saw her yesterday afternoon in a state of complete insensibility. Died at 2 p.m. The body was examined; water in the ventricles, and a quantity, I was informed, flowed from the spinal canal. No disease was detected about the cerebellum or medulla oblongata. There was an abscess, not large, in the right hemisphere of the brain near the surface. This patient had suffered from attacks of insensibility after a former labour some years before. Slight paralysis took place, from which she had never wholly recovered.

Case 55.—At 10 a.m. on the 23rd April, 1850, I was called by Mr. —— to see a patient in the

seventh month of pregnancy, who had been seized with convulsions at 6 a.m. The extremities were cold; the pulse feeble; the pupils were not dilated. Mr. —— had ruptured the membranes, and applied leeches to the temples. 24th.—The child was expelled dead at 6 p.m. The patient is now half conscious; no fits since the head of the child passed through the os uteri.

Case 56.—On the 29th April, 1850, I was called by Mr. —— to see a patient in Bury Street, who had flooding after the birth of the child. The child had been born three hours before, and the hæmorrhage still continued. The binder, with a pad, had been firmly applied, vinegar and ice used, and brandy freely administered. A little draining was still going on. The pulse had returned when I saw her, and the great danger was over.

Case 57.—On Wednesday, 15th of May, 1850, at 10.15 a.m., I received the following note from an eminent practitioner in midwifery:—"I should wish you to come *immediately* to a consultation. The case is one of placenta prævia, with the cord in the vagina." The following was written by me on a slip of paper, which is preserved, before leaving the house, which has not been transcribed into my journal:—"Hæmorrhage had ceased; the umbilical cord hanging down, with feeble pulsation—a large loop. High up through the os uteri, which was rigid and not much dilated—size of a crown. At the anterior part of the uterus felt a hand; no head could be felt; there was little pain. The liquor amnii discharged. Two fingers passed through the os uteri—the whole hand could not be introduced without immense force—a foot seized with some difficulty, but at last coaxed into the vagina—drawn down gently. The os uteri gave great resistance, and the nates could not be drawn through

till nearly 12 or 12.15 o'clock, and then not without the employment of great force. The trunk and superior extremities drawn through without difficulty. The head not drawn through the os uteri till 1 o'clock, and not till the face was turned round towards the back part, corresponding with the hollow of the sacrum. The placenta, of very great size, was soon detached and expelled; no hæmorrhage; child of course dead. Recapitulation. Prolapsus funis; hæmorrhage rather profuse; rigid, slightly dilated os uteri; arm presentation; turning without introducing the hand into the uterus—two fingers."

Case 58.—On the 8th of June I was requested by an experienced medical practitioner to see Miss ——, æt. 31. Mr. —— "stated this to be a case of neuralgia. I found that the leading symptom was a violent pain in the back, low down, occurring chiefly in the evening, and that she was hysterical; she had suffered from neuralgia of the face. I found that the catamenia had always been regular—perfectly so till two months before; that they had suddenly ceased without any reason; that she had sickness in the morning, and that the pain in the back had ensued. I made an examination of the uterus; the hymen gone; vagina in the state in which it is in married women; lips of os uteri soft and thick; body of uterus anteriorly much enlarged. I had no doubt at this early period that she was pregnant. Glands around the nipples large—areolæ florid. I said to the lady, 'If you were married, we could have no difficulty in accounting for this pain and the other symptoms; but as you are not married, we cannot do so satisfactorily.' She burst into tears, and immediately handed her marriage certificate to Mr. ——, enjoining secrecy, which he promised faithfully to observe."

Case 59.—On the 7th June, 1850, I received the

following letter from Dr. ——, containing the history of an obscure and interesting case.

"*June 7th*, 1850.

"My dear Sir,—My partner, Mr. ——, was on Thursday fortnight last asked to see a poor woman with, what he considered, subacute inflammation of the peritoneum covering the uterus, and threatening abortion. Within the last few days considerable œdema of the lower extremities has shown itself, and to-day I have carefully examined the case with him, but we are both much puzzled, and should feel truly obliged if, in the event of your being in this neighbourhood, you would kindly examine her for us. The following is a brief abstract of the case:

"Mrs.——, æt. 22, was married four months ago, and states that she was last unwell a fortnight after that time, and since then has had morning sickness. Sixteen days ago, after rather severe exertion, she was affected with severe pains in the abdomen, which lasted about half an hour; she had afterwards a rigor and a return of pain the following day, when she sent for Mr. ——. When he saw her, he found the countenance anxious, pulse quick and small, but no great amount of febrile disturbance. Considerable pain on pressure in lower part of abdomen, where the uterus could be felt distinctly defined, its base extending above the navel; she was certain she had not quickened, and regarded herself three months gone, and stated that this large amount of swelling had suddenly appeared after the attack of pain the day before, having before that time been scarcely perceptible. Bowels were and had been much constipated, and the day after being first seen she had some bilious vomiting, but no sickness of any kind since then. The treatment consisted of leeches to the abdomen, purgatives and purgative enemata; diaphoretics and anodynes. Under this treatment, the pain has for the most part

subsided, but still comes on in paroxysms as evening advances. Uterus is felt very prominent, and extending to midway between umbilicus and sternum, and the size of a large cocoa-nut; behind it there is considerable flatus. No fœtal sounds can be heard nor movement be detected; breasts are flaccid, and she affirms that they have never been otherwise. On examination per vaginam a nipple-like projection is felt almost protruding from the vulva, which appeared to be the posterior wall of the vagina, pushed forward by a large, firm tumour in the hollow of the sacrum; the os uteri can be felt high up in front of this tumour, but is rather difficult to reach with the finger; it seems as if pressed flat against the pubis by this tumour.

"We are much puzzled as to what this tumour can be, and, indeed, with respect to the whole case, and should feel truly obliged if you can kindly assist us with your opinion, if you can give it without personal inconvenience.

"Yours most sincerely,

* * *

"Dr. Lee."

The patient had been married half a year, had ceased to menstruate three months before, and in six weeks the abdomen had been observed to be enlarged, and she thought herself pregnant. Fourteen days before, after strongly exerting herself in lifting a bed, she had severe pains in the abdomen, and the abdomen suddenly distended. I found it greatly enlarged, and there was a distinct fluctuation. It was impossible to pass the finger into the vagina, in consequence of its being pressed firmly against the right side of the pelvis by a mass, the nature of which could not be certainly determined. The labia were greatly swollen and hard. There had been a difficulty in getting the bladder relieved, and also in procuring alvine

evacuations. The fluctuation in the abdomen, and the sudden appearance of the enlargement fourteen days before, after exertion, at once led to the suspicion that the tumour was the overdistended urinary bladder, but a great doubt was thrown upon this by the positive assurance of the patient's mother that the urine was passed freely; and, unfortunately, not having a catheter with me, therefore no attempt could then be made to pass the catheter into the bladder, and remove the doubt which hung over the case. I recommended that an attempt should be subsequently made to pass the catheter, but whether this succeeded, or was ever made, I have not been informed, and I did not again see the patient, who died on the 23rd June. The body was examined on the 24th. The tumour was the distended urinary bladder. The uterus was in the third and a half or fourth month of pregnancy. No disease of any kind existed; no retroversion of the uterus.

Case 60.—On the 5th July, 1850, I was called to see a patient in the Commercial Road East, who had been delivered with the forceps two weeks before, and the perinæum had been torn down to the rectum, but the sphincter ani had escaped. Sloughing had followed, but the slough had separated before I saw the patient, and the whole surface was granulating, and presented a healthy appearance. The question put by the medical practitioners whom I met in consultation was, whether ligatures should be passed through the edges, to cause union of the granulating surfaces. Would granulating surfaces unite more readily if held together with sutures? The parts, we thought, might be held together by a prone position, and by strips of adhesive plaster. Sutures, it was thought, might induce pain and inflammation and fresh sloughing, and could not make the parts reunite more rapidly. The medical practitioner who had delivered in this case with the forceps, without a consultation, expressed his regret at

having done so, and his surprise that the head should have escaped so suddenly and the perinæum been torn. It was not discovered that the injury had been inflicted by the forceps till some days after it had happened. In 1851 I was informed that the parts had healed up in a satisfactory manner without sutures.

Case 61.—On the 5th July, 1850, I saw a case of puerperal convulsions with Mr. ——, at the full period of pregnancy. Six weeks before, the patient had seen only the half of objects for a short time and had suffered from headache. Two of her sisters had suffered from puerperal convulsions. These circumstances had excited a suspicion that she would not escape an attack during her labour; and the pains had scarcely commenced when a fit took place, which lasted half a minute, but was not very violent, and she recovered her consciousness afterwards. Twelve leeches were applied to the temples; the labour went on slowly, and another fit, more severe, took place; the pulse was feeble and rapid, and there was little appearance of fulness about the head, but twelve more leeches were applied, six grains of calomel, and afterwards some purgative medicine, were exhibited, and cold was applied to the head. After the labour had been completed by the natural efforts, consciousness returned, but for some time she talked incessantly; the pupils were dilated, and the pulse was slow and feeble. Recovered.

Case 62.—On Sunday morning, about 4 o'clock, the 14th July, 1850, I was requested to see a patient at Doctors' Commons. Two medical practitioners were in attendance. It was the first labour, and the patient was advanced in life. Labour commenced on Thursday, with rupture of the membranes. It went on during the whole of that day and the next and the Saturday, and a dead, putrid child was expelled this

morning (Sunday), about 1 o'clock, three hours before I was called to see the patient. Two doses of the ergot of rye had been given, and two doses of laudanum. Repeated attempts had been made to extract the placenta, and the cord had been broken off. There was no hæmorrhage; the os uteri was firmly closed; the whole placenta was inside the uterus. I introduced my right hand into the vagina. Considerable difficulty was experienced in getting two fingers through the os uteri, but it gradually yielded, and I succeeded in grasping the edge of the placenta with these two fingers; and gradually getting hold of a little and a little more, drew the placenta into the vagina, without ever having had the whole hand in the uterus. Left at 5, all well.

Case 63.—On the 17th July, 1850, Mr. —— called and informed me that a patient under his care in Great Wyld Street had died undelivered, and that the body was to be examined on the morning of the 18th. Mr. —— had attended this patient several times in labour, and the labours had all been natural. This morning he was sent for at 6 o'clock, and on making an examination he found the membranes nearly protruding through the os externum. Proceeding to make a complete examination, they gave way, and, to the best of his belief, the face presented. There was nothing extraordinary in the labour; the pains were good, and the labour proceeded regularly. The only thing that the patient complained of was a stiffness or crampy feeling of the right thigh and leg, and faintness on rising up. The labour went on until, about mid-day, she complained of a peculiar dragging pain in the epigastrium, high up, and began to sigh and breathe quickly. Just previous to these symptoms the pains had abated, but the presenting part had not receded. Sitting at her bed-side, the nurse observed, "Look, how faint she appears to be! Mr. ——

immediately proceeded to attend to her, and found there was no pulse. Stimulants were immediately given, and the window opened; she complained of being cold, and expressed a desire to sit up, but she expired in less than a quarter of an hour. No ergot of rye had been given, and the patient was never left. 18th July.—Examined the body this morning; Mr. Thornton and Dr. Richards were present. There was a great quantity of blood in the abdominal cavity. The peritoneum and a portion of the muscular coat of the uterus were torn behind. The muscular coat was not entirely lacerated; only about one half had given way; the head of the child was at this part; the uterus was of a dark colour, and soft around the rent.

Case 64.—At 8 a.m., August 17th, 1860, I was requested by Mr. ——, of Camberwell, to see a young married lady who had been forty hours in her first labour. The head of the child had not advanced during ten hours. The meconium was passing abundantly; fœtal heart could not be heard. She had been slightly delirious, pains becoming more and more feeble. Pulse 100. Delivery was immediately required, and we formed the opinion, after mature consideration, that the forceps could not be employed with safety or advantage. I opened the head, and the great and long-continued exertions subsequently required to extract it proved that the delivery could not have been safely accomplished by any other method. The uterus contracted feebly, and some difficulty was experienced in the removal of the placenta. She remained partially incoherent several days. No sloughing of the parts followed. Several months elapsed before she was able to walk. A second pregnancy has taken place since, and the labour was natural. The propriety of inducing premature labour was suggested, but this I did not consider necessary.

Case 65.—August 30th, 1850.—The labour commenced soon after midnight. At 5 a.m. the os high up, and scarcely at all dilated. Presentation not ascertained. I left the patient at 9, and was sent for in a great hurry at 12. Very little progress; remained with the patient all day; the os uteri gradually, but very slowly, yielding. A vast deal of complaining, without any effect. At 9 p.m. the head was entering the outlet of the pelvis, and I thought the labour would be safely over in a few hours. Suddenly, about 10, the pains entirely ceased, and a fit of convulsions took place. Twelve ounces of blood were drawn from the arm. Mr. Blagden then saw the patient in consultation with me. The pains having returned vigorously, we waited till 12.30, in the hope that the child would be expelled by the natural efforts. It then became evident that this would never take place, and Mr. Blagden applied the forceps, and very considerable force and time were required to extract the head. The child was born alive, but the scalp had sustained a slight injury, which caused no permanent mischief. Another violent fit of convulsion soon followed. Cupping from the right temple to twelve ounces was employed, and eight grains of calomel, and afterwards a cathartic draught, were given. 31st.—No fits; consciousness had returned. A large quantity of urine drawn off with the catheter. Pulse rapid. Slight sloughing of the vagina took place, and the catheter was required daily during nearly a fortnight. Both mother and child did well ultimately.

Case 66.—Sunday, 8 a.m., September 22nd, 1850, I received the following note from a medical practitioner:—"I have been in attendance on a lady here for several hours past. Her labour commenced on Friday evening, but no perceptible progress has been made during the night. I have proposed to request

your opinion. I may tell you the head appears to me impacted, and from the trifling change, notwithstanding several pains, I anticipate we must employ instrumental means." 10 a.m.—The labour had continued nearly forty-eight hours. The head so large that it could not pass through the brim, and press upon the os uteri—this not half dilated, not rigid. Violent pains, and constant pain on the right side of the abdomen. The danger of rupture of the uterus appeared very great. The operation of turning was not considered. Delay could have done no good, and immediate recourse was had to the perforator and crotchet. When the perforator entered, a great gush of a dark-coloured fluid, like blood, rushed forth, and continued to flow for some time. There were no coagula in this; it resembled the dark fluid sometimes vomited or passed from the bowels. Not having before seen such a fluid pass from the brain of a child, I thought it might have flowed from the uterus, but this could not be the case, because there was no symptom of internal hæmorrhage, and it was not common blood. I had a good deal of difficulty in extracting the head. Some ordinary blood flowed with the placenta. 23rd.—Recovering favorably. No fluctuation in the head was felt in this case.

Case 67.—On September 27th, 1850, Mr. —— requested me to see a patient who had been thirty hours in her first labour. There had been no progress made during fourteen hours. The movements of the child had not been felt during two days, and the sound of the fœtal heart could not be heard. The os uteri was fully dilated; the head was in the cavity of the pelvis, and an ear could be felt. The blades of the forceps were applied in a satisfactory manner, but the force required to extract the head was so great, that after a proper trial the blades were removed and the perforator and crotchet employed, and the head

was not delivered without much difficulty. The soft parts, however, were not much injured, and the patient recovered favorably after a time.

Case 68.—At 7.30 a.m., September 28th, 1850, I was called by Mr. —— to a case of labour which had commenced on Wednesday night. There had been great distension of the abdomen and swelling of the legs during pregnancy. The cord being round the neck of the child, and without pulsation, the head was immediately opened and extracted. Mr. —— said he thought there was a second child; the abdomen continued large and hard. I could feel no part of a second set of membranes, and no part of a second child. The placenta not coming away, the hand was passed up to extract it, and then I felt a foot through a second bag of membranes; these were ruptured, the foot seized, and the nates, breasts, superior extremities and head, delivered without difficulty. Child alive. Waited half an hour, then passed up the hand and found one placenta adhering to the uterus, the other detached. They were removed, and a great flow of blood followed, but this was checked by the pad and binder. Cold vinegar and water dashed over the nates, and the liberal internal exhibition of brandy. September 30th.—Mr. —— called and informed me that the patient was going on well, and the little child also.

Case 69.—On November 14th, 1850, I saw in consultation a lady, æt. 24, who had been married in June, 1849, and was soon after pregnant. In two months after marriage she perceived a small movable swelling on the left side of the hypogastrium. It gradually increased in size till the 25th of October, when she was prematurely confined. She took iodide of potassium twice daily for some time, and the swelling disappeared entirely. She became pregnant

again in March, 1850, and as soon as she became pregnant the tumour reappeared, and at the time of her delivery was nearly the size of a child's head. Now it can just be felt over the pubes. An internal examination had not been made to determine whether it occupied any part of the pelvis. She had been confined prematurely only three weeks before; the labour was natural, and the child lived some hours, and she had recovered favorably. On examining the hypogastrium the tumour could not be felt above the brim of the pelvis, but on forcing the fingers down into the brim I could feel a hardness and resistance in the left side. Internally, I felt on the left side of the uterus a cyst of considerable size, and anteriorly to the uterus and adhering to the uterus on the left side. On the 10th of June, 1857, I was informed by the medical attendant of this lady that she "had two premature confinements after our consultation in November, 1850—the first in January, 1852, and the other in February, 1853. The tumour did not increase in size, and was only apparent during pregnancy and after the last birth. I examined the state of the uterus, and found the os in a diseased state, which I treated in the usual way. She again became pregnant, and in June, 1854, gave birth to a fine female child, which is now living and the pride of the parents, being their only one; as no pregnancy has occurred since, I never hear anything of the tumour."

Case 70.—On November 25th, 1850, I was called to see a lady in Cambridge Terrace, in whom the placenta had been retained three hours after the birth of the first child. The patient had been long under the care of a physician addicted to the abuse of the speculum and caustic, and the application of leeches to the os uteri. The practitioner in attendance had become alarmed without reason; said he could not

feel the uterus, and that there was some tumour. I found the placenta detached, but retained by the os and cervix uteri, and had no difficulty in removing it, and the patient recovered favorably.

Case 71.—On December 20th, 1850, I was consulted by a lady, Mrs. ——, who had been delivered with the forceps three months before, while in a state of complete insensibility from chloroform. It was the first labour. The child was dead, and the perinæum was extensively lacerated, there being only a small portion of the sphincter ani left. The catheter had been required twice daily during two weeks, and the power of walking had not been restored. The lacerated parts were still sore. By rest and care, in the course of time the rent contracted considerably, and the contents of the bowels did not escape involuntarily, so that she was able without great inconvenience to go into society. In April, 1857, she was suffering from occasional diarrhœa and inability to retain the contents of the bowels for any length of time. The inconvenience had greatly increased since the birth of her third child, on September 6th, 1856. Only a small portion of the sphincter now remained. In the month of February, 1859, Mrs. —— being again pregnant, a large abscess formed on the right breast, which required to be opened. On July 16th the confinement took place, and was natural, but the small portion of sphincter which remained sustained some injury for a time; there was no control over the action of the bowels, and she was very miserable. I did not consider it advisable in this case to recommend a surgical operation, having seen no operation perfectly successful in repairing the injury where the sphincter ani had been so much torn. At the close of 1859 I was informed by the medical attendant of this patient that she was in good health, and suffered much less inconvenience than she had done from the laceration.

On September 19th, 1860, I was informed that this patient was again pregnant, and was extremely anxious in reference to her confinement. "I have consulted Dr. —— in the matter, and he has suggested the bringing on of labour at the seventh month. He wishes, however, to have your opinion upon it, or whether you think it better I should go the proper time. I am much afraid that with each trial the injury I have sustained may be much increased, and that ultimately I may be disabled from attending to my household duties. . . . Say whether my life is in any danger if it be done." I could not advise premature labour to be induced, but that the parts should be carefully supported during labour from the commencement. This proved to be sound advice.

Case 72.—On the 10th of January, 1851, I was requested to see a patient, five miles from London, who had been in labour since 5 p.m. of the previous day. The pelvis was greatly distorted. I found an arm in the vagina; the hand was hanging through the orifice of the vagina, and a loop of the umbilical cord, without pulsation. The head of the child was felt above the brim, and the os uteri was not completely dilated. I did not attempt to turn the child, because it was dead and because the pelvis was distorted, and rupture of the uterus or some fatal injury might have resulted from the operation of turning. I opened the head and endeavoured to extract it with the crotchet passed inside the skull, but the bones soon began to come away in pieces, and I felt that a long time would probably elapse before the labour would be completed, if I did not adopt a different method. I passed up the crotchet on the outside of the head, having previously introduced two fingers a considerable distance between the uterus and head. The point of the crotchet entered one of the orbits, and the head speedily descended into the pelvis, and was dragged

through the outlet. The arm remained all the time in the vagina. The placenta soon came away, and the patient recovered most favorably.

Case 73.—On the 2nd April, 1851, I was requested by Mr. —— to see a case of protracted labour, where the employment of the forceps was contemplated. The os uteri had been fully dilated only six hours. The pains were strong and regular; there was no exhaustion; the perinæum rigid. The patient was most anxious to be allowed to render herself insensible with a narcotic, but this wish we could not comply with. I recommended delay, and left at half-past 6 a.m., begging that four or five hours' delay might be allowed, and the child was born alive at a quarter to 8 by the natural efforts.

Case 74.—On the 24th April, 1851, Mr. —— requested me to see a patient in the eighth month of pregnancy who had suddenly been attacked with flooding about 8 a.m. A great quantity of blood had escaped in a short time, and she became extremely faint; she had not been exposed to any accident of any kind. Great alarm was excited by the hæmorrhage, for she was fully aware of the danger. Mr. —— was immediately summoned. There were no labour pains, and the os uteri was so slightly open that only one finger could be introduced, and the part was extremely rigid and undilatable. The patient was desired to remain in bed, and vinegar and water were applied over the lower part of the abdomen, and cool air admitted. At 1 o'clock in the morning the flooding and faintness returned, and I saw the patient half an hour after. Two fingers could with difficulty be passed through the os uteri, and with these a portion of the placenta was felt at the anterior part of the cervix. Immediate delivery was required, but the hand could not be introduced to

turn the child. With the two fingers introduced through the os uteri, the head of the child was pushed aside, one of the knees was seized, and then the foot, but it was impossible, from the contracted and rigid state of the os uteri to draw the foot into the vagina without risk of injury. All the efforts I could make were unavailing, and it was resolved therefore to desist for a time till the os uteri had become more yielding. The hæmorrhage having ceased, Mr. —— remained with the patient, prepared, the instant it became possible, to seize the foot and extract the child. At 7 a.m., the hæmorrhage being renewed, with great faintness, and the os uteri not only more open but more dilatable, the foot and leg were drawn through by Mr. ——, then the nates, and the whole child extracted without much force. The placenta came away at the same time. A slight oozing of blood having continued, I saw the patient at 11 ; recommended stimulants to be freely given, ice in a bladder to be applied to the external parts, and if the discharge continued, a large sponge to be introduced into the vagina, and that it should be pressed up firmly against the os uteri. A binder and pad had been applied. The child was dead. The patient recovered favorably.

Case 75.—25th April, 1851, Mr. —— came at 3 p.m., and requested me to see a case of labour near Smithfield. The patient had been in labour all the night. It was not the first labour. Suddenly the pains had ceased, but there was constant violent pain in the upper part of the abdomen, and the different parts of the child could be felt very distinctly through the parietes of the abdomen. The pulse could scarcely be felt; sickness, but little vomiting. I found a portion of the funis hanging through the external parts, without pulsation. The head loose in the brim. Ghastly, sunk countenance. The child being dead, and the patient being in a state to require immediate

delivery, I opened the head without delay. A good deal of difficulty was encountered in extracting it. There was difficulty also in extracting the shoulders. No help from the uterus. Waited some time, but as the placenta was not expelled, I extracted it. The following report was afterwards sent to me by the medical attendant:

"Our patient in Cow Cross Street died about 10 o'clock on Sunday evening. From the time you saw her till her death, with the exception of the last few hours, she complained of little else than the extreme tenderness of the belly. During the last few hours she had vomiting and diarrhœa.

"What was the cause of death? Not to know this with something bordering on certainty weighed heavily on my mind. So I determined, as the friends refused a post-mortem, not to give a certificate without one. This had the desired effect, so I examined the uterus this morning, and found an ugly rent, large enough to allow the child to escape into the abdomen. It was something like an inverted T (thus, ⊥), the upper part being towards and about three inches from the fundus."

Case 76.—On the 10th of June, 1851, I saw Mrs. C—, who had vesico-vaginal fistula, of several years' duration. In her first labour, which was protracted, the forceps had been employed, and great force was required to extract the child. In three days sloughing of the vagina and bladder took place. An attempt had been made by an eminent surgeon to close the fistula, but it was unsuccessful. Caustic had been applied without any advantage, she went away; she said, worse than when she began to be treated in this way. A second pregancy had taken place, and she did not state that any accident had occurred during the labour.

Case 77.—On the 9th July, 1851, I saw a lady in Brompton Crescent who had been seized with profuse uterine hæmorrhage in the country fourteen days before. Upon the discovery that the placenta presented, she was sent to London and placed under the care of Mr. ——. Before the last flooding happened she was perfectly well the moment before, "and she at once and on the instant lost such an enormous quantity of blood, that any attempt to save her was simply hopeless." Mr. —— "thought it his duty, however, not to let her die undelivered, and therefore turned. Not a drop of blood was lost during the operation or afterwards." "According to the nurse's account, the fatal rush was over in half a minute." Mr. —— had completed the delivery, as above stated, before my arrival. Had the operation of turning been performed two weeks before, in the country, when the hæmorrhage first took place, and it was ascertained that the placenta presented, the result might have been different.

Case 78.—On the 10th July, 1851, Mr. —— called and informed me that he had been requested to see a patient in labour that morning in a smithy near Leather Lane. I accompanied Mr. —— to the house, where I found three practitioners in midwifery. Mr. —— had passed his hand into the uterus and brought a foot into the vagina, but could not succeed in turning the child. I assisted to complete what he had commenced by applying a tape around the ankle, and by the help of this was enabled to make strong traction and bring down the leg and thigh. But the nates would not descend by any force that I could exert. I took the crotchet and passed it into the anus, and the breech quickly descended; both lower extremities and the trunk were delivered, but the arms could not be got down. I passed up the crotchet over one of them and soon brought it out; the same with

the other. It was then obvious that the pelvis was distorted in a high degree. The base of the sacrum could not have been more, if so much, as two inches from the symphysis pubis. It was certain the head would never pass if its volume were not reduced. I therefore passed up the perforator along the left side of the pelvis, where the occiput was situated, and without much difficulty opened the head freely. The point of the crotchet was then introduced through this opening, and I got a firm hold by fixing its point on the base of the cranium. The greater part of the brain escaped during this period. I then passed up two fingers of the left hand to the right side, where the bones of the face were, and fixed the crotchet firmly on the face, and after drawing forcibly for a short time the head passed through the brim. There did not appear to be much distortion of the outlet. The child was at the full period, and of a large size. The placenta immediately followed. I then learned that this woman had been delivered five times. Her first child was born alive, but soon died; the second, third and fourth, were born dead, but without the assistance of instruments. Dr. —— opened the head last time, feeling satisfied that the pelvis was much distorted. Premature labour was recommended to be induced in this pregnancy, but the patient would not consent to have it done. I left her with a ghastly countenance, rapid breathing, and feeble pulse. My impression was she could not live. When Mr. —— introduced his hand to turn he did not feel the head, but the head had presented when the labour commenced, and long after it receded, so that it could not be felt when Mr. —— came to me at 4 o'clock. There could be little doubt the uterus was ruptured.

Case 79.—Saturday, 9th August, 1851.—Mrs. ——, Islington. First labour had commenced on Thursday night; forceps attempted to be applied; child dead;

bones riding over one another. I opened and extracted it. It was soon ascertained that there was a second child. Passed up the hand and brought down the feet and delivered. This also had been dead some time. The skin was all peeling off. I was compelled to leave before the placentæ were expelled. 15th.—Informed that the placentæ did not come away for two hours, and then were taken away; adhesion to the uterus; taken away with difficulty; tremendous hæmorrhage followed, but she is recovering.

Case 80.—On the 23rd August, 1581, I received a letter from an eminent practitioner, requesting me immediately to see a lady in labour, and to bring a perforator and crotchet with me. The feet had presented; the lower extremities and trunk were delivered, but great difficulty had been experienced in extracting the head; the child was very large, and there had been a difficulty in bringing down the arms. This had been accomplished with the blunt hook. The occiput was then found to be in the hollow of the sacrum; as the child was dead, we considered it wise to perforate the head behind, that the uterus might not be injured. This was done, and the delivery completed without difficulty. This patient was afterwards cut off by peritonitis.

Case 81.—On Wednesday, the 27th August, 1851, I was requested to see a patient residing near Howland Street, who had been delivered a week before. Another medical practitioner had been called to see the patient, and she was considered by him to be labouring under a dangerous attack of uterine inflammation. I found the bladder enormously distended with urine. The ordinary medical attendant would not believe me when I informed him of the fact; he did not think it possible that the swelling in the hypogastrium could arise from the over-dis-

tended urinary bladder. I begged him to go home for his catheter. This was brought, and was introduced, and nearly two basinfuls of urine drawn off. Mr. —— said he had attended 4000 cases of labour, but he never before received such a practical lesson. On the 10th September sloughing had taken place, the bladder in a frightful state, and she will probably die.

Case 82.—On the 29th of August, 1851, I was requested to examine a patient who was seven and a half months pregnant, and deliver an opinion on the propriety of inducing premature labour. The first labour had been protracted, and delivery completed with the forceps, and the child was alive. The second labour took place five years after the first, and the labour was extremely protracted, but the child was born without instrumental aid. The recovery was bad both times, inflammation having followed. Mrs. H—, when I saw her, was in excellent general health. I introduced my finger into the vagina, and pressed it forward in the direction of the base of the sacrum, but I could not reach this, and inferred, in consequence, that the short diameter of the brim was not distorted; the hollow of the sacrum was capacious and there was the ordinary distance between the tuberosities of the ischia. I could not be sure that there was unusual projection forward of the extremity of the sacrum and coccyx. Believing that there was no considerable want of room in the pelvis, my opinion was that premature labour should not be induced.

Case 83.—On the 1st of September, 1851, I was called to a case of puerperal convulsions in Stanhope Street, Mornington Road. It was the first labour; severe fits occurred when the second stage of labour was far advanced; the patient was bled largely. I recommended delay, as the pains were going on regu-

larly, and as it seemed probable the head would be expelled by the natural efforts. Consciousness had returned; the fits were suddenly renewed with great violence. As the child was ascertained to be dead, immediate recourse was had to delivery by craniotomy.

Case 84.—September 17th, 1851.—Mrs. ——; about a week ago the liquor amnii began to escape. Mr.—— was called last night, and remained during the night. No pain; ascertained that a hand presented; strong unsuccessful efforts made to turn; I found an arm hanging out of the vagina; os uteri dilated considerably, but thick and unyielding; took off my coat and passed the right hand into the vagina; the hand could not get within the uterus; I felt a knee with my forefinger at the back part; resolved to try and seize this with my left hand, which I readily did, the forefinger passing into the ham, and the foot brought down, leg, breech, &c.

Case 85.—October 6th, 1851.—Mrs. ——, æt. 39, had been delivered prematurely of her first child six years before. The last confinement took place four years before; the labour was very protracted, and the child was born alive, and the forceps was employed frequently, and great force used in extracting the head. She has never been able to retain her urine since, and has had little or no control over the action of the bowels; she has had a living child since, and feels worse now than she has ever done before. The perinæum has been torn into the rectum; cannot now retain the contents of the rectum thoroughly; at one time could not retain them at all. I could not, from what I had then seen of various attempts to repair the perinæum when extensively injured, recommend any surgical operation in this case. To estimate properly the value of the forceps in the

practice of midwifery, it is necessary that the results of all the cases in which the instrument has been employed should be recorded. Has this been done?

Case 86.—On October the 8th, 1851, at 4 p.m., I was requested to see a patient upon whom the operation of turning had been performed, and the head could not be extracted. I was informed that the head and arm had presented; the woman had no pulse, and was moribund. I opened the head in the back part and soon extracted it with the crotchet; she was dead a few minutes after; I thought it would have been better if the operation of craniotomy had been performed when artificial assistance first became necessary.

Case 87.—On the 9th of November, 1851, I was attending Lady —— in her first labour; the presentation was natural, and there was every prospect that in a very short period the process would be happily completed. Suddenly a great extravasation of blood took place into one of the labia, and it became swollen and livid, and actually burst on the inner surface, and a large effusion of blood took place. Mr. —— was requested to see the patient in consultation, and we agreed that immediate delivery was necessary, and that the forceps could not be applied, although the head was within the pelvis; turning was out of the question. I opened and extracted the head very speedily; the recovery was in all respects most satisfactory. Soft emollient applications were made for some time to the affected part, and in the three subsequent labours no accident occurred.

Case 88.—On Wednesday, the 24th November, 1851, I was called to a case of labour which had commenced at 3 a.m. on Monday, and had continued all that day and night and the following

day and night. Laudanum and ergot had been alternately given rather freely. When I saw the patient, one child had been delivered stillborn; the head of the second child presented. There was no pain and no unfavorable symptoms; I ruptured the membranes, and a great quantity of liquor amnii escaped. Pains followed, and I expected that the child would soon be born, but this did not take place, and I had reason deeply to regret that the operation of turning had not been performed before the membranes were ruptured, which could have been done without much risk. At 6 p.m. on Thursday I was again called to see the patient. There had been no progress; and it having been ascertained that the child was dead, the head was opened and extracted. The placentæ were obliged to be removed artificially, but no hæmorrhage followed, and the patient recovered more favorably than we had any right to expect.

Case 89.—At 1.30 on Sunday, January 11th, 1852, I was requested to see a case of protracted labour. It had commenced on the Thursday evening, and continued Friday and Saturday. The presentation had not been accurately ascertained. At 10 a.m. on Sunday vomiting and collapse had taken place, and the patient was dead before I entered the room. It was the second labour, and the first had been attended with great difficulty. On the following day the body was examined. The extremities and trunk of the child had passed through an immense rent in the anterior part of the cervix uteri. The head remained within the uterus. The sacro-pubic diameter was two and a half inches. Into this the head had been squeezed, and was flat like a wedge.

Case 90.—On January 14th, 1852, I was called to see a patient in the fourth or fifth month of her first pregnancy, and who had been some time in great

pain. The abdomen was greatly enlarged, and the medical attendant believed that this arose from the urinary bladder being over-distended. The patient would not allow him to introduce the catheter. Feeling the strongest conviction that it was the distended urinary bladder, and not the uterus, which I felt, the propriety of passing the catheter was strongly urged, but the patient would not consent. How long the urine had been retained could not be ascertained. We considered it our duty to compel her to submit to the employment of the catheter, and a large wash-hand basinful was first drawn off, but the bladder was not then completely emptied, and another half basin of bloody urine was drawn off. The husband was an artist, with moustaches, or what is now called an *imperial*, and he called upon me next day to know whether he ought to seek further advice. I gave no advice on the subject. I did not learn the result of the case, and did not see the patient again.

Case 91.—On January 20th, 1852, I was requested by Mr. ——, of Pentonville, to see a patient, æt. 35, who had been married in May, 1851. She had enjoyed good health before, and was well during the summer. Menstruation had taken place last about the end of August; soon after, it was believed that pregnancy had taken place. In November this patient was suffering from a severe cold, and Mr. —— was called to see her. On passing the hand over the abdomen, he felt a tumour in the right side of the hypogastrium. This has increased without occasioning much uneasiness; and another small, hard, movable tumour has since appeared on the left side. On January 20th I saw this patient with Mr. ——. The areolæ were dark; glands enlarged. There was a large, hard, irregular tumour on the right side of the abdomen, fixed to the brim of the pelvis, and felt backwards both on the ilium and short ribs.

In this tumour there is an obscure fluctuation felt; there is a small, hard, moveable tumour on the left side. The gravid uterus is felt in the centre of the hypogastrium, the placental souffle is heard, but not the fœtal heart. I made an internal examination, and ascertained that the uterus was gravid, and that no part of the interior of the pelvis was occupied by these tumours. The distension produced by these tumours and the gravid uterus was not distressing to the patient. We saw no necessity for interrupting the pregnancy by inducing premature labour. After the question had been maturely considered, it was agreed that the patient should be carefully watched. No unfavorable symptoms occurred, and Mr. —— has informed me that the labour was natural, and the recovery favorable. In 1859 this patient was still alive, and in the enjoyment of good health.

Case 92.—January 22nd, 1852, in a young married lady; the first labour commenced early in the morning of the 21st. The first stage was nearly completed at 8.30 a.m. It went on all the day without much progress till 7 p.m. I then ruptured the membranes, and expected that the process would be completed about 11 p.m. No progress from 12 till 8 a.m. 22nd.—A consultation was then held, and it was agreed to wait a few hours, in the hope that the child would be expelled without artificial assistance. At mid-day, there having been no progress, and exhaustion taking place, the forceps was applied, and the child extracted alive and uninjured, and the mother recovered favorably.

Case 93.—On February 10th, 1852, Dr. —— requested me to see a patient in High Holborn, in whom there was complete placental presentation near the full period. The hæmorrhage had been going on for nine weeks, but not profusely. The

os uteri was widely dilated and soft. Dr. —— passed up his hand without difficulty, and delivered by turning in a slow and deliberate manner. The hæmorrhage ceased, and on the 12th I saw the patient recovering favorably, and no bad symptoms followed.

Case 94.—On February 27th, 1852, I was requested to see a private patient, who had profuse uterine hæmorrhage from complete placental presentation, with a rigid state of the os uteri. An unsuccessful attempt had been made by her medical attendant to deliver by passing the hand into the uterus, and much and long-continued force had been employed. I passed the right hand into the vagina, then the fore and middle fingers through the os uteri between the placenta and uterus, ruptured the membranes, seized a knee without much difficulty, and speedily completed the delivery. The recovery of the patient was very satisfactory. The medical attendant afterwards inquired how I had succeeded in getting the hand so easily into the uterus, and was surprised when informed that the whole hand had never been within the uterus. He had not before this ever heard of the operation of turning being performed with two fingers instead of the whole hand in cases of placental presentation with rigid os uteri.

Case 95.—On March 12th, 1852, I saw a case of very protracted labour with Mr. ——. It was the first child. There being no hope that the child would ever be expelled by the natural efforts, and the head being impacted in the brim, it was opened and extracted, and the patient, I believe, recovered favorably.

Case 96.—On Friday, May 21st, 1852, at 10 o'clock, I was called to a case of protracted labour.

It had commenced on the Wednesday afternoon. The medical attendant informed me that the urinary bladder had descended before the head, that the head was firmly impacted in the brim, and that the brim was distorted. The membranes were protruding through the external parts. The urinary bladder was in the natural situation. The patient was not exhausted; pains strong; head descending into the pelvis. The pelvis of the usual size. I begged Mr. —— to push his finger through the membranes and let the liquor amnii escape, and to introduce the catheter into the bladder. On the morning of the 22nd the husband called to inform me that the labour was not completed, that his wife had been delirious and had been bled. I went and found the labour over. Child dead. Very large. Patient doing well.

Case 97.—On May 30th, 1852, I was called to see a patient in Northumberland Street, Strand, who was far advanced in pregnancy, and in a very alarming condition. The pulse was 140. Laborious breathing; insensibility at times. These symptoms had continued six or eight days, and had not yielded to the remedies employed. There was every appearance that the patient would die undelivered. We agreed to puncture the membranes with the stiletted catheter. Twenty-six hours after, labour came on. The funis came down pulsating; the nates presented. A finger was passed up into a groin, and a lower extremity drawn down, and the child was extracted alive. June 1st and 2nd.—The patient greatly improved. Now perfectly conscious, and on the 3rd was recovering so well that I did not again see the case. Dr. —— had the care of this patient, and to him she certainly owed her life.

Case 98.—On June 20th, 1852, I attended Mrs. —— in her third labour. In her two former labours

great difficulty had arisen from extensive cicatrices of the vagina. On this occasion the head presented, and the labour was left to nature, until it became obvious that it would never be completed without artificial assistance. The labour went on until the pains had become extremely feeble, and the patient was exhausted. There was no chance of the head passing, through the contraction at the upper part of the vagina. The head was opened, and extracted with difficulty. The placenta was long retained, and was removed artificially. 24th.—Going on well.

Case 99.—On June 20th, 1852, I was called to see a patient at Marlbro' Place, who had been attacked with maniacal symptoms a month after delivery. Gradually sank this morning, without convulsions.

Case 100.—On Thursday, September 23rd, 1852, I saw a lady who was dying from scarlet fever during her first labour. The symptoms had manifested themselves before the labour commenced. The pulse could not be felt, and she was evidently sinking. The os uteri was dilated to the extent of half-a-crown; head presenting. I went for the perforator and crotchet, at the request of her medical attendant, but on returning she was moribund, and she died undelivered in a few minutes. This is the only case of scarlet fever during labour that I have ever witnessed.

Case 101.—On November 12th, 1852, I received a note from Mr. ——, requesting me to see a case of flooding previous to labour. "I have introduced a sponge," said Mr. ——, "to check the discharge, the os uteri not being apparently dilated, for me to determine with accuracy whether the placenta is presenting. The case is one I feel very anxious about." 7.30 a.m.—It was the third pregnancy. Slight hæmorrhage first occurred a week ago; it has returned

repeatedly, and a good deal of blood has been lost. The pulse small and rapid, very faint. I examined and felt a small portion of the placenta protruding through the os uteri, which was little dilated, and not rigid—not sufficiently open for turning, but I thought it would soon be so. I recommended waiting a little till the os uteri was a little more dilated, and then the operation of turning to be performed. In the evening I received a note from Mr. ——, stating that soon after 10 o'clock he found the os uteri sufficiently dilated to admit two fingers, and that he "had found no difficulty in passing them into the womb."

Case 102.—A little before 1 o'clock on Friday, November 12th, 1852, I received the following note from Dr. ——:—"Head born some hours; shoulder with deformed (pelvis, I suppose) or enormously large. Bring instruments, please." I went immediately to 65, Berwick Street, with the husband of the patient, and found the head of a child and an arm hanging out of the vagina—the back part. I laid hold of the arm and neck covered with a napkin, and attempted to draw it forward, but did not succeed. I then took the crotchet and endeavoured to pass it into the opposite axilla, but I could not succeed in getting the point of the instrument into the armpit; it constantly slipped off and entered the neck of the child. The cause of this I could not explain, and for a short time felt at a loss how to proceed to complete the delivery. I then determined to pass the crotchet along the hollow of the sacrum, and force the point through the abdominal parietes near the short ribs. The instrument here got a firm hold, and I dragged the trunk forcibly down along the hollow of the sacrum. In doing this I felt all the viscera protrude through the laceration. In a short time the trunk and lower extremities escaped, and then, without any effort, there followed a second head, not quite so large

as the first, and a second arm. It was a fœtus with two heads and one trunk, and two upper and two lower extremities. The patient recovered in the most favorable manner. The fœtus with two heads has been preserved, and was offered to me long after, for sale. Where it is now preserved I do not know.

Case 103.—At 6 p.m. on 10th of January, 1853, I was requested to see Mrs. ——, who was in the eighth month of her fourth or fifth pregnancy. She had recently been suffering severely from catarrh caught by exposure to cold during a long railway journey. The pulse was rapid and feeble; she looked pale and exhausted, and complained of great faintness. The upper part of the abdomen had suddenly become large, hard, and tender; her situation, she said, was different from what it had been in any former pregnancy, and expressed her conviction that she was dying. The pains of labour had not commenced, and there was no discharge of blood from the uterus, and the orifice was not open. Some warm wine and water were given, but these were soon rejected by vomiting. In a little while she felt better, and fell asleep. I remained in the house, and saw her from time to time, fearing that internal uterine hæmorrhage had taken place. At 9.30 p.m., on making an internal examination, the os uteri was felt high up and closed, and I did not see how any interference could be beneficial. In half an hour she complained of pain, and said the liquor amnii was escaping. I examined, and the finger was tinged with blood; the membranes were immediately ruptured with the finger, and a great quantity of water escaped; labour pains soon followed; and at 11 o'clock a dead child was expelled; the binder had been firmly applied as soon as the pains commenced; the placenta immediately followed the child, and a great coagulum of dark-coloured blood and a large quantity in a fluid state. Pressure, stimulants and cold, were employed

vigorously, and the uterus contracted and the flooding ceased, but symptoms of fatal sinking were soon observed, and she died at 2 o'clock in the morning.

Case 104.—On the 12th of January, 1853, at 2 a.m., the late Mr. ——, of Islington, requested me to see a patient who had been upwards of thirty hours in labour; she was the mother of a large family, and all her previous labours had been natural. The vagina and posterior lip of the os uteri were very greatly swollen; the head had not descended into the cavity of the pelvis. We waited six hours, but there was no progress; and there being much sickness and vomiting, with exhaustion, and no hope of the head passing, we resolved to have recourse to the perforator and crotchet. Great and long-continued efforts were required to draw the head into the cavity of the pelvis; the cause of the obstruction was not ascertained until four years after; the patient recovered in the most favorable manner.

Case 105.—Mrs. ——, December 31st, 1857.—Since her confinement on the 12th January, 1853, in the manner now related, she has been regular at the monthly periods until three or four months ago; since then nothing has appeared; there is now a great enlargement of the abdomen, which does not arise from the gravid uterus. The os uteri is felt close to the symphysis pubis, and a large, hard mass behind the uterus; the abdomen is much larger than it ought to be at the end of the fourth month of pregnancy. She is not certain if she felt any enlargement of the abdomen before the disappearance of the catamenia; the enlargement has increased rapidly during the last three months; there is frequent desire to pass the urine, and the bowels do not retain their contents in the usual way; no swelling of the feet. On the 10th of January the movements of the child were

felt, and she complained that there was something unnatural about the abdomen. On Monday, the 22nd March, 1858, when about six months pregnant, labour came on spontaneously, the membranes having burst on the Friday before. Dr. —— examined, and could feel no part of the child. I was desired to go and see the patient. I felt the whole hollow of the sacrum filled up with a large, soft, irregular mass, apparently connected with the posterior part of the body and neck of the uterus; the os was high up; with difficulty I reached the os, and felt the funis without pulsation; my whole hand was then introduced into the vagina, and my fingers came in contact with a foot, which I seized with great difficulty, and drew down and had secured with a tape; by slow, firm traction, the breech and other lower extremities were brought down; great difficulty was experienced in extracting the head after the trunk; I got my finger into the mouth, but it would not come down. Dr. —— then passed up his right hand and got his fingers round the back part of the neck, and by pressing up the tumour with the left index finger, and at the same time drawing down the trunk, the os was brought into the axis of the brim, and the head gradually escaped."

Case 106.—Mrs. —— being again in the fifth or sixth month of pregnancy, with Dr. —— I perforated the membranes with the stiletted catheter (about 3 o'clock in the afternoon), and the liquor amnii immediately began to escape, but pain did not follow, "notwithstanding she had taken a large quantity of ergot of rye previous to the operation; but during the evening," says Dr. ——, who had the care of the patient, "this gradually crept on, and the fœtus was expelled at 5.15 on the morning of the 14th, after several hours of severe suffering. On this occasion the head presented, and having the same condition of parts to contend with, I got the right inner finger

into the os, at the same time using pressure on the tumour as in the former case; she is now in the enjoyment of good health.

Case 107.—Mrs. ——, æt. 40, February 4th, 1853.—Has had several children; is now between five and six months pregnant; has had vomiting during the whole period, during the last two or three weeks augmented to incessant vomiting, so that everything taken has been rejected. Everything which has been tried has failed to give relief; the abdomen is now as large as it ought to be between the eighth and ninth month; this great enlargement began three weeks ago; quickening has taken place, and she feels the child exclusively in the epigastrium. Mr. —— examined with the stethoscope, and could not hear the fœtal heart anywhere; the kidneys act well; the shape of the abdomen is unusual, it is enlarged high up in the epigastrium; ankles not œdematous; pulse 130, and very feeble; has lost flesh, so that there is a great difference in her appearance during the last fourteen days; she is greatly reduced, and looks like a person dying of consumption. I recommended Mr. —— to induce premature labour without delay; this was done, and the following is the result, as stated by Mr. ——:— "On Friday night, between 12 and 1 o'clock, I punctured the membranes, and a large quantity of liquor amnii flowed, with great relief to the painful feeling of distension. The vomiting has gradually very much diminished until it has only been at long intervals, instead of occurring every few minutes, day and night; labour pains, however, did not come on till 4 o'clock yesterday afternoon; the labour has just now terminated by the birth of triplets. The first was born at 5 a.m., the second membranes presented sufficiently to be ruptured about 5, and the discharge of another large amount preceded the second fœtus, but a still larger quantity

than either of the preceding followed the rupture of the third bag of membranes, at a quarter before 6. They were all three males, alive; one still living, about a foot in length; the first was a breech, the second a head, and the third a foot presentation. The uterus, as might be expected, I suppose, after such enormous distension, had not very firmly contracted after the expulsion of the three placentæ, but there has been no great amount of hæmorrhage."

Case 108.—Mrs. ——, æt. 44, February 16th, 1853. —Has had sixteen children. In the last confinement was attended by Mr. ——, and the forceps was applied when the labour had not continued more than seven hours, and the pains continued regular; the eye of the child was injured; the perinæum has been torn down to the rectum, but the rectum is not injured; its contents are, however, sometimes involuntarily expelled, which causes great inconvenience and distress. This patient reported that the practitioner by whom she had been attended on this occasion in the country always carried the forceps with him. All her previous confinements had been natural.

Case 109.—On the 4th of April, 1853, Mr. —— requested me to see a case of profuse uterine hæmorrhage from complete placental presentation; the os uteri was so rigid that he could not succeed in passing the hand into the uterus to turn the child though he employed cautious and for a considerable period all the force that he considered justifiable; the hæmorrhage continuing profusely, and there being great faintness, he requested me to attempt to deliver. I passed the whole hand readily into the vagina, and then the fore and middle fingers through the os uteri between the placenta and uterus, pushed aside the head, came in contact with an upper extremity, pushed this aside also, and then got hold of a lower

extremity, and in a very short time extracted the child alive. Mr. —— expressed great astonishment on the occasion, not having heard before, or remembered that the operation had often, under similar circumstances, been performed by the same means. The result of the case was most satisfactory in all respects. What would the result have been, had the placenta been torn away and the child left to take care of itself?

Case 110.—In the month of May, 1853, I received the following letter from a distinguished surgeon who had been long in extensive practice in Cambridgeshire. When I saw the patient she was considerably advanced in pregnancy, and about the end of July, when seven and a half months, I induced premature labour, and the child was born alive and lived; she has since been delivered twice with premature children, and both were born alive. The induction of premature labour was not required on these occasions.

"*April* 28*th*, 1853.—The bearer of this note, Mrs.——, is desirous of your opinion and advice; she is now pregnant for the fourth time, and has been advised to submit to a premature labour, with the double hope of less suffering and the possibility of a living child.

"She has a deformed pelvis, and has hitherto accomplished the full period; the first labour the os uteri was lodged on the contracted part of the pelvis, and the occiput resting on the pelvis; after great efforts to render the presentation more natural and without effort, I was compelled to open the head, and thus effect a delivery. In the second labour the presentation was perfectly fair; nature was left to her own efforts; when they failed I used the forceps, and brought into the world a living child; congestion of the lungs, from impeded circulation, occasioned by ex-

treme pressure during delivery, destroyed it in two or three days. In the third labour presentation was again natural, and she was under the care of another practitioner for nine hours when I was sent for; the pelvis was so completely filled by the size of the head, that after repeated efforts I found it totally impossible to effect delivery by the forceps, and I was again obliged to open the head; beyond this short statement I am precluded by particular circumstances from doing more than recommending Mrs. —— to abide implicitly by your advice. Have the goodness to keep this letter, &c., &c."

Case 111.—12th June, 1859.—Mrs. ——, mother of a large family. Suffered greatly from irregular pain, like labour pains, for a month before. At a quarter to 12 at night of the 11th, Saturday, labour had commenced. The os uteri considerably dilated, the head presenting, and every prospect that the labour would not be long in being completed. The membranes had given way before the commencement of labour. I have no doubt now that softening was going on in the walls of the uterus. Suddenly she had a severe fit of vomiting about half-past 1 p.m., and said, "Where am I? What has happened?" The pains wholly ceased. The pulse became soon almost imperceptible. I felt the extremities of the child distinctly through the abdominal parietes, and knew that rupture of the uterus had taken place. I immediately told the husband, who was present, that she was in extreme danger restlessness, difficulty of breathing, coldness of the extremities succeeded, and rapid sinking. Dr. —— and Dr. —— were sent for. When Dr. —— arrived, we proposed immediately to deliver by craniotomy. The operation of turning we thought would have added to the danger of the rupture. The husband begged we would not interfere till the arrival of Dr. ——. She was then

moribund; the priest was engaged in administering the last rites. It was agreed that I should deliver by turning, which I did. The priest touched the foot and baptized it, uncertain whether it was alive or dead. Mrs. —— was dead before the child was wholly extracted, about a quarter to 3. All attempts to make the child respire useless. How the accident could have been prevented in this case I do not know. Had it been certainly known, it ought.

Case 112.—On the morning of Good Friday, 1853, I was requested by an experienced practitioner in midwifery to see a patient who had been upwards of thirty hours in labour with her first child, and who was attended by a young accoucheur, who proposed delivering with the forceps. I was called into consultation, for the purpose of giving my opinion on the propriety of employing the forceps. The patient was thirty-eight years of age, of short stature, though not deformed, and very stout. I was informed that the labour had commenced at half-past 12 a.m. of Wednesday. At 9 a.m. the os uteri was very little dilated, and the pains were feeble and occurred at long intervals, and had gone off altogether some hours. Last night (Thursday) at 9, os uteri fully dilated, and a considerable part of the head had passed through the brim, where it had become impacted, and the finger was passed with difficulty around it. Since that time there had been no progress whatever. Both medical attendants agreed that there had been no progress during ten or twelve hours, that the discharge from the vagina had been becoming offensive, and that there was every reason to believe that the child was dead; that the head had become greatly swollen, that a large part of it had not passed through the brim of the pelvis, that the bones were much compressed, and that an ear could not be felt. I took out a pair of short midwifery forceps, and requested the

gentleman who had proposed using the instrument to state how he would introduce the first blade, and what part of the head he thought could with safety be inclosed within the blades. He had some difficulty in settling these points, and before he had done so I requested to know whether, believing the child to be dead, we would be justified in trying the forceps at all. He at once agreed that it would not be justifiable in this case to have recourse to the forceps, but expressed his decided conviction that the patient could not with safety be left longer in labour. I entirely concurred in this opinion. I then inquired whether he ever had employed the forceps in any case of midwifery, and whether he would consider it safe to apply their blades and grasp the head before the head had passed through the brim of the pelvis into the cavity, and pressed upon the perinæum. He said he had never seen the forceps applied on the living body. He most candidly acknowledged that he did not possess a pair of midwifery forceps, either long or short, but that he had had thoughts of purchasing a pair, and that he had believed he was fully competent to deliver with the forceps, because he had practised diligently with the instrument, on the Dombey in the hospital school where he had been taught practical midwifery. I inquired what was meant by the *Dombey*, and learned that this was the name usually given by the students to the stuffed machine called a mannequin or phantom, usually imported from France, and with which the examples of operative midwifery are generally taught in the continental schools, and in many of the schools of midwifery in this country by young lecturers. I could not help observing that I thought some of the present distinguished obstetric reformers in midwifery, those especially who have proposed that the operation of turning should be performed in all cases of natural labour, and that the operation of craniotomy should

be banished from the practice of midwifery, and the Cæsarean section substituted for the induction of labour, had no knowledge of sound principles, and that their experience had been solely derived from the Dombey. The head was opened in this case and extracted, but with much difficulty, and the patient has recovered in the most favorable manner.

Case 113.—On the 3rd of July, 1853, I was requested to see a lady in consultation, dangerously ill from puerperal peritonitis, and some very peculiar nervous symptoms of an anomalous character. She had been delivered with the forceps five days before, after the inhalation of three drachms of chloroform. This was done in direct opposition to the opinion and advice of her medical attendant, who was uncourteously told that if he refused to allow it to be given, his services would be immediately dispensed with, and another practitioner, who was named, called in to take charge of the case. The pulse was more rapid and the abdomen more tympanitic in this case than I had ever before witnessed in an individual in the puerperal state who recovered.

Case 114.—The same day I was called to see a poor woman who lived several miles from London, who had distortion of the pelvis and in whom during labour the head had been separated from the trunk and left within the uterus. The midwifery forceps had been employed, and all other means that could be thought of to extract the head, but without success. When I saw the patient, the greater part of the day had been spent by different practitioners in fruitless attempts to deliver the head, and the patient was greatly exhausted. I introduced my left hand with difficulty completely within the uterus, which was contracted, and got my fingers round the head so as to fix it in some degree. I then introduced the crotchet,

and getting the point over the fore part of the cranium, exerted all the force that was in my power to tear up the bones freely, and allow the brain to escape. With the hand and the crotchet, the head, after great efforts, continued until my strength was almost completely exhausted, was brought out of the uterus and pelvis. The patient recovered, and about twelve months after, I saw her with the vagina completely closed up, in consequence of sloughing. I have never since heard anything of the case.

Case 115.—On the 19th July, 1853, the late Dr. —— called on me to see a case of inverted uterus in Orange Street, Leicester Square. I was informed that it was the first child, that the labour was protracted, and that the cord had surrounded the neck, and was very short. The placenta immediately followed the child, and soon after, a great flooding took place. Whether the midwife who had attended the patient had made strong traction on the cord was not ascertained. The attempts to reinvert the uterus which were made were unsuccessful. This patient was alive some years after the accident.

Case 116.—On the 21st of July, 1853, at 9 p.m., I was called to see a patient in her first labour. The liquor amnii had escaped the night before. At 1 a.m. the labour pains had commenced. At 12 the os rigid, about half dilated, and the pains not strong, occurring every quarter of an hour. Since then the labour has been going on rather actively; the pains very strong; os uteri fully dilated about three hours since. "The head" said Mr. ——, "has not advanced through the brim. There certainly is some permanent obstruction to the passage of the head, which has existed some hours." It had not been observed that the face presented. I recommended the case to be left six hours longer to the natural efforts, and that neither the

forceps nor craniotomy should be thought of unless some unfavorable symptom occurred. In a few hours the child passed alive into the world without any artificial assistance.

Case 117.—On the 22nd of July, 1853, at 7 a.m., I was called to Mrs. ——, who had been delivered two hours before of a living child by a midwife who had long been in practice. Immediately after the birth of the child an immense rush of blood took place. The placenta was soon removed. I found the patient in a state of insensibility, the jaws clenched, and the power of swallowing entirely lost. A tablespoonful of brandy only had been given. There was a binder, but loosely applied. The patient had been suffering from distressing symptoms about the chest, especially difficulty of breathing and sense of fulness amounting to suffocation, some time before her confinement; but the pulse was so feeble that it was not considered proper to take blood from the arm, or to apply leeches.

Case 118.—On the 24th of August, 1853, I was called to an alarming case of uterine hæmorrhage in the Edgeware Road. An immense quantity of blood had been rapidly lost, and the strength of the patient was extremely depressed. The entire os uteri was covered with the placenta. I experienced little difficulty in passing the hand into the uterus and turning the child, and removing the placenta; but the hæmorrhage continued undiminished after the placenta had been removed, and she soon died. In this case, perhaps, the result would have been different if the delivery had been sooner completed; yet there was little time lost.

Case 119.—About the same time, the exact date has not been preserved, Mr. —— called me to see a

case in the Harrow Road of hæmorrhage in the eighth month of pregnancy, with partial placental presentation. The os uteri being in a most favorable condition for the operation of turning, there could be no doubt about the propriety of immediate delivery. Mr. —— performed the operation of turning in a short time, and the patient recovered completely.

Case 120.—On the 15th October, 1853, at 12·30, I was requested to see a lady, residing at West Road North, who was in the seventh and a half month of her first pregnancy, and who had been seized with convulsions without any premonitory symptoms; she was insensible. The os uteri a little dilated; face presenting; membranes not ruptured. Ten ounces of blood had been drawn from the arm, leeches to the temples, and a turpentine enema given. At 3 p.m. she had had one attack; labour progressing. At 6 p.m. went and found the child born dead by the natural efforts. Placenta retained half an hour, came away after pressure and gentle friction. About two hours before, Mr. —— had given two drachms of chloroform. Three or four fits followed delivery, but her consciousness gradually returned.

Case 121.—Mrs. ——, æt. 36, 29th November, 1853.—Has had seven children. At the last confinement, three years ago, Mr. —— found a small tumour in the pelvis behind the uterus, which rendered the labour very protracted. She recovered favorably. Her eighth labour commenced yesterday. The membranes ruptured two days ago. Mr. —— has been in attendance since 9 last night. No progress during the last eight hours. Violent pain and constant straining. The progress of the head is impeded by a soft irregular mass behind the uterus, which is pressed down during each pain by the head. The head is squeezed between this and the front of the pelvis;

ear not felt; impossible to apply the short forceps. There appeared to be danger of rupture of the uterus, and mischief from pressure. We resolved to open and extract the head, which I immediately did, and the recovery was favorable.

Case 122.—Mrs. ——, 15th March, 1855.—Labour at the full period; commenced yesterday, and has continued all night. The head cannot pass the tumour in the back part of the pelvis. I opened and extracted the head without much difficulty. At the seventh and a half month, Mr. —— and I met in consultation, to consider whether or not premature labour should be induced. We thought the tumour had not increased since 1853, and that if the child was small, it might pass alive at the full period. This opinion proved to be incorrect. The recovery was favorable.

Case 123.—Mrs. ——. On Tuesday the 24th November, 1856, with Mr. ——, I perforated the membranes about the seventh and a half month. My impression was that the tumour had not increased. On Friday night, between 7 and 8 of the 28th, the pains came on, and the child was readily expelled, but dead, about a quarter to 12, and had been dead some time. The patient stated that she felt the movements at the time the membranes were punctured. The patient again recovered favorably, and is, I believe, at this time, in good general health.

Case 124.—On the 24th April, 1854, I was requested to see a lady at Islington who had been long in labour with her first child. The labour had commenced on the Saturday morning, had lasted all that day and night, all Sunday and Monday to 6 o'clock. The soft parts were enormously swollen; pains entirely gone. Pulse rapid; complete exhaustion. The common midwifery forceps, without leather or

any other covering, had been attempted to be applied at a time when it was certainly known that the child was dead. The bones of the head were overlapping one another. Very fetid discharge. I opened the head and extracted it after considerable exertion; the shoulders passed with difficulty. Sloughing and contraction of the vagina followed, but the patient recovered, and has since been delivered of a living child. On the 1st November, 1856, this patient was safely delivered of a living child, by the natural efforts. "As the head advanced, the contracted part of the vagina offered comparatively slight resistance; the chief trouble was at the outlet." The child is very feeble; the mother doing well. This report was furnished to me by the medical attendant.

Case 125.—On the 30th July, 1854, about 2 a.m., I received the following note:—"Will you be so kind as to come with my assistant and see a patient whom I consider in a dangerous state?" Mr. —— informed me that he was called to Mrs. —— at 7 a.m. The os uteri was dilated to the size of a shilling, and the head presenting. All was going on well, with the exception of slight cough, and crepitation of the lungs, which she said she had once before suffered from when frightened by a fire. She suffered from attacks of palpitation of the heart, but the husband stated that during pregnancy she had enjoyed good health. I found the patient sitting, or rather supported or held up, in a state of urgent distress from difficulty of breathing; livid lips, cold clammy extremities, rapid, feeble, irregular pulse. She could not lie down, and it seemed very probable, if not immediately relieved, that she would die undelivered. Mr. —— said he contemplated using the short forceps. The patient had taken three drachms of ether without relief; one scruple of sulphate of zinc had been given without vomiting being induced. No relief had followed

these remedies. A mustard poultice had been applied over the chest. The distress could not have been greater, and it seemed probable she would speedily die if not delivered. We had no doubt about the necessity of immediate delivery. The os uteri was not more than half dilated, and the head had not passed into the pelvis. Only the top of the head could be felt. I stated that the idea of using either the long or short forceps was entirely out of the question, because the os was not fully dilated, and because the head had not passed through the brim of the pelvis. The patient could not lie a moment on the left side. She was brought to the edge of the bed, the feet were placed upon a chair; I had some difficulty, being upon my knees, in reaching the head with the perforator, but I succeeded in opening it and evacuating the brain, and without much difficulty extracted the head with the crotchet. No difficulty with the shoulders, and the placenta soon came away, a little traction being made on the cord. No binder or pressure on the uterus could be borne. In a very few minutes relief took place. The lips became less livid; the breathing and the pulse better, and in twenty minutes she was smiling, and able to express her gratitude for the relief she had experienced. On the following day she was as well as could be expected. The countenance was still turgid, dyspnœa slight, especially when asleep; six leeches applied to the chest. The day following, still breathing with some difficulty, wheezing in the chest. Irregular action of heart; pulse rapid and irregular. A blister had been applied. A practitioner who saw the patient yesterday suggested that the sudden attacks of difficulty of breathing might be puerperal convulsions falling upon the lungs. Recovery complete in a few days.

Case 126.—At 10 p.m., 30th July, 1854, I was called to a patient in labour in whom the pains were

slight, the os uteri little dilated, and the membranes not ruptured; the face presented. At 3 a.m. pains strong, os uteri more dilated. At 6 the chin under the symphysis pubis, and the face near the outlet of the pelvis. Occiput high up in the hollow of the sacrum. I succeeded with difficulty in preventing all interference in this case.

Case 127.—On the 3rd of February, 1854, Dr. —— requested me to see a patient in Stanhope Street, Regent's Park, who had been upwards of thirty hours in labour with her first child. The pains had almost entirely ceased, and there was great exhaustion. The head, much swollen, was firmly impacted in the brim of the pelvis. An ear could not be felt. We waited eight hours to see if the pains would return, but they ceased completely, and it being obvious that the head would never be expelled by the natural efforts, we resolved to deliver by craniotomy. After the brain had been entirely removed, great and long continued exertion was required to extract the head with the crotchet. In removing the placenta, which was retained within the uterus beyond the usual period, I ascertained that the base of the sacrum projected forward unusually. The hæmorrhage and faintness which followed ceased, and the patient recovered most favorably. After the labour had been happily completed, Dr. —— expressed his surprise how any practitioner in midwifery could venture to apply the forceps to the head firmly impacted in the brim of the pelvis, where there was no room for the blades to be introduced. I stated, as the result of my experience, that fatal contusion of the soft parts was often the result of this injudicious proceeding, sloughing and vesico-vaginal fistulæ.

Case 128.—On the 14th April, 1856, I was called by Mr. —— to see the same patient in her second

labour. It had commenced at 2 in the afternoon, had continued all that night, the whole of next day and night, till the following morning. The head was still above the brim of the pelvis, and there being no hope that it would ever pass, I again performed the operation of craniotomy, and the recovery was most favorable.

Case 129.—The catamenia ceased in the same patient on the 1st January, 1858. On the 1st of August, having ascertained the exact position of the os uteri with the right index, I passed along this the fore and middle finger of the left hand, which had been introduced so that the top of the middle finger touched these and could be passed into it; the sheathed catheter, then slid along, thus passed readily into the uterus two or three inches. The stilette was then passed forward, and the liquor amnii immediately began to escape. Labour soon followed, but the child was expelled dead. The patient again recovered favorably.

Case 130.—On the 12th February, 1854, Mr. —— requested me to see a patient near the Hampstead Road, who was far advanced in pregnancy, and had suffered from repeated attacks of convulsion, with insensibility, but not complete. Symptoms of labour commencing, I perforated the membranes, when a great quantity of liquor amnii escaped. The convulsions ceased and the labour went on favorably.

Case 131.—On the 17th March, 1854, Dr. —— requested me to see Mrs. ——, æt. 21, who had been delivered of twins prematurely on the 11th of March before. Immediately after the birth of the twins Dr. —— detected an enlargement, chiefly on the right side of the abdomen, which he believed to be an ovarian disease. At first he thought there must

be a third child. This enlargement has increased since, and now it fills the whole of the lower part, especially the right side, and there is a distinct fluctuation, and it is very tender on pressure, and there are hard portions felt throughout the enlargement. The uterus is healthy. In the front of the pelvis the lower part of the ovarian mass is felt hard. The uterus is not fixed in the pelvis. There could be no doubt that this was a case of ovarian cysts and tumour; that these were in an active and painful condition, and that there was danger of their increasing. To prevent this, all the proper means were recommended to be employed, but with what result I have not heard.

Case 132.—On the 1st of May, 1854, Mr. —— was called to a case of labour in Berwick Street. He examined, and at first thought the nates presented. Afterwards he felt an ear. I was called to see the patient when the labour had made some progress, and had no doubt that the face presented. I felt the eyes, nose, mouth, and an ear, but I could feel no cranium. In place of this, above the forehead was a soft mass. It was a fœtus without brain.

Case 133.—Mrs. ——, æt. 38, 15th May, 1854. —Delivered of her first child in 1848, after a severe labour, during which a poisonous narcotic was given to her by her medical attendant, contrary to her wishes. She was not wholly insensible, but felt as if delirious. Was not perfectly conscious at the time the child was born, and only remembers that her child was brought to her three days after. She was not able to suckle her child, and an attack of "incoherence," or puerperal mania, followed. The perinæum was extensively lacerated during the labour, and a portion of the sphincter ani had been destroyed; this was not discovered till long after. She has suffered ever since from a painful

sense of bearing down, and has not been able to walk. Dr. —— had been consulted, and recommended an abdominal supporter, from which little benefit has been derived.

Case 134.—"Mrs. ——, æt. 40, 16th May, 1854. —Has been married twenty years; has been confined thirteen times; has had several children at the full period; has five alive. The two last times had a dreadful adhesion of the after-birth;" has had some thought of going to Scotland. In her last confinement went to the full time. The labour commenced at 6 p.m. About 6 next morning there was no progress, and she felt that something was wrong. Mr. —— mentioned that the presentation was natural; but about 7 a.m., not being satisfied, Dr. —— was sent for. He examined, and said all was going on well, and wished to leave, but did not do so, as he was informed if he did that another medical practitioner would be sent for. At 12 the report was still favorable, but at 1 the navel string had come out. Chloroform was then given, and she was delivered with instruments, and the child was dead. The placenta was removed by force, which gave horrible pain, and her screams were heard over the whole house." All this, whether true or not it was impossible to tell, was said to have happened three years before. Mrs. —— is now seven months pregnant, and has applied to me to have premature labour induced, which I refused to do.

Case 135.—Mrs. ——, æt. 29, friday, 9 p.m., 7th July, 1854.—Being near the full period of pregnancy, the liquor amnii began to escape fourteen days before. Pains did not commence till Thursday, the 6th, the day before I saw the patient. Mr. —— had made an examination, and "found the cavity of the pelvis exceedingly small posteriorly; a projection, but whether

a projection of bone or an accumulation of feculent matter, he could not ascertain. The os uteri still very high up, and slightly dilated, pain still continuing." I found the hollow of the sacrum blocked up greatly by a mass which was not bone, but whether ovarian or uterine I could not be certain. The head of the child was distinctly felt through the abdominal and uterine parietes, which were extremely thin. On carrying the finger up immediately behind the symphysis pubis, I ascertained that the os uteri was high up and widely dilated, and that an extremity presented, whether upper or lower it was not possible to tell, but my fingers were covered with what seemed meconium. It was impossible to ascertain the presentation without passing the whole hand into the vagina, and this being the first child a good deal of difficulty was experienced in effecting this. The left hand was found to be the most convenient. With the fore and middle finger, I ascertained that it was a lower extremity, and in a few minutes it was in the vagina, and in a few minutes more I had the nates and the other lower extremity drawn through the outlet of the pelvis. The crotchet was required to bring down the left arm. The right was brought down without much trouble, and no great force was required to draw the head through the pelvis. The placenta soon came away, and the delivery, which appeared at first so formidable to Mr. —— that he thought the Cæsarean operation would be necessary, was safely completed in an hour and a quarter. The tumour after this could scarcely be felt in the pelvis. It was probably ovarian, and had ascended above the brim, but of this I am not yet absolutely certain.

Case 136.—On Tuesday, July 11th, 1854, I received a note from Mr. ——, requesting me to see a case of labour with him. "There is funis presentation, and I have made out," he said, "that the head is coming

down. I want your opinion and assistance as to the propriety of turning. Slight pains, and a show took place on Sunday." Mr. —— examined, and thought he felt the edge of the placenta, but it was so high up that he could not touch it; she went on very well without pain or discharge till yesterday afternoon, Monday, about 5, when Mr. —— was sent for. She had been walking about, at the instigation of the nurse, to bring on the labour pains; she had two or three sharp pains, and the membranes gave way and the liquor amnii escaped. Mr. —— examined immediately when called, and found the funis, but could not reach any part of the child presenting. Mr. —— remained the whole night; she has had no satisfactory pain. Mr. —— went away at 7 this morning to dress, and returned at 9, pains having commenced, and now the head is ascertained to be presenting; os uteri dilated to the size of a crown-piece. Since 3 a.m. Mr. —— has not been satisfied that there is any pulsation in the cord. If there be no pulsation in the cord, Mr. —— very wisely observed that he would not think of turning, yet he had desired "my opinion and assistance as to the propriety of turning." 10 a.m. —The os uteri is fully dilated, and the head passing through it. Pains becoming strong and expelling. A large portion of the umbilical cord, without pulsation, hanging through the orifice into the vagina. The child being dead, there could be no object in having recourse to turning, which would endanger the mother's life; the liquor amnii being discharged and the uterus contracting strongly. The patient was anxious to have a poisonous narcotic to stop the pains.

Case 137.—On Sunday night, at 11 o'clock, July 16th, 1854, I received a note from Mr. ——, stating that he promptly required my advice and assistance in the case of Mrs. ——. "No progress," he said, "has

been made in her labour since 3 o'clock, and I fear forceps will be of little avail." At 6 p.m., July 17th, I found the os uteri about half dilated, but dilatable. The head, swollen and much compressed, half through the pelvis; ear not to be felt; os uteri not in a state to allow the forceps to be used. At 11 at night, the pains had almost entirely ceased. No progress had been made. I opened the head, and met with a great deal of difficulty in extracting it. The placenta soon came away, and all was safely over at midnight.

Case 138.—On the 20th August, 1854, I saw a young married lady who had been seized with convulsions at the commencement of her first labour. The liquor amnii had escaped three days before. The os uteri being rigid and the fits recurring, twenty-four ounces of blood were taken from the arm. Labour went on and the child was born alive, but the fits returned at longer intervals. Some hours after the delivery, when I first saw her, she was completely insensible, but could swallow. Pupils little dilated, pulse rapid and feeble; twenty minims of Liquor Opii Sedat. had been given, ten leeches were applied to the temples, and ice in a bladder to the scalp. The fits gradually ceased, and the consciousness returned.

Case 139.—At 11 a.m. on the 7th September, 1854, I was called in great haste to a patient in labour, at Islington, who was represented to be in extreme danger. When I arrived at her residence she was dead. She had been delivered at 9 a.m., two hours before, with the forceps. The perinæum had been extensively lacerated, and I suspected that other parts, of still greater importance, had been injured, but I was not permitted to ascertain the exact state of the parts. There had been no hæmorrhage to account

for her death. The labour had been protracted, and the forceps had been applied without a consultation. I had not before met the medical practitioner who had the care of this unfortunate patient, but the unconcerned way he spoke of "clapping on Rigby's forceps" led me to fear that in this case in the employment of the instrument the necessary caution had not been observed.

Case 140.—Monday, September 25th, 1854.—Thursday week Mrs. —— had an abortion at the third month. The embryo came away, but not the placenta and membranes; the os uteri was found closed by Mr. ——, and it could not be removed. The following Wednesday hæmorrhage took place, and Mr. —— was called to see the patient, her medical attendant having been necessarily absent. It was stated to Mr. —— by the nurse she believed that the placenta had come away. The ordinary medical practitioner returned, and has been in attendance since, and has acted on this impression. The patient had been seized with fever and vomiting, and champagne had been freely given. The pulse was rapid, tongue furred, with constant sickness and vomiting; fetid discharge. I asked to know who had seen the placenta, but it appeared it had not been seen by any one. I requested the patient to turn on the left side, and found the whole mass of the placenta in a very decomposed state in the upper part of the vagina and os uteri, I removed it completely, but in pieces. The vagina was washed out, some aperient medicine given, and the patient was soon quite well.

Case 141.—At 9 a.m., January 4th, 1855, I was called to the British Lying-in Hospital to see a patient in labour who had hard, extensive cicatrices of the vagina, from sloughing in a former confinement. She had been delivered two years before in Westminster with the forceps; I believe the child was dead.

I saw her at 1 o'clock, and learned that the labour had commenced the evening before. The vagina was nearly closed up behind with a thick, firm band, so that there was no prospect whatever of the head passing through the contracted part, and there was danger of rupture of the uterus from the violence of the pains. There were violent, incessant efforts to force the head forward. I opened the head with the perforator, and extracted it slowly; the cicatrix yielded with great difficulty. The patient recovered favorably. After the most careful consideration, it was not considered justifiable to attempt to divide the cicatrix with a knife.

Case 142.—On January 8th, 1855, I saw a lady, æt. 45, who had been ten years married and had never been pregnant. An ovarian tumour had commenced six years before and had made considerable progress, about which I had been a short time before consulted, when there was some suspicion of pregnancy having taken place. In the course of the afternoon of this day pains like those of labour had commenced. Her medical attendant had been summoned, and on examination found a bag of membranes protruding through the os uteri; he ruptured them, and a large quantity of liquor amnii escaped. No part of the child could be felt. At half-past 7 p.m. I examined and found a great coagulum of blood, part of which was in the vagina and part external. On removing this I felt a portion of the placenta hanging through the os uteri, which was so rigid that the hand could not be passed. The presentation of the child could not then be ascertained. The patient being extremely weak and delicate, and incapable of sustaining the effects of long and severe hæmorrhage, immediate delivery seemed necessary. After giving some brandy I passed the hand into the vagina, which gave intense pain, then two fingers, the fore and middle, were

introduced through the os uteri; an arm of the child was felt, and nothing else could be reached by any effort that could safely be made. As the fœtus was known to be premature, I drew down the arm, thinking I might succeed in getting it to pass down, as I had seen in other cases. But in this I did not succeed, as the os uteri would not dilate, and there seemed a risk of pulling off the arm had I proceeded. I therefore withdrew my right hand altogether and passed the left into the vagina, and forward in the direction of the feet, and two fingers through the os uteri, which was now more dilated, and with these ultimately succeeded in getting hold of a lower extremity and turning the child. The patient recovered favorably, and is, I believe, still alive.

Case 143.—On February 25th, 1855, at 6 a.m., I was in attendance upon a lady in her fourth or fifth labour, who was suddenly seized with symptoms which appeared to threaten rupture of the uterus. The head of the child was in the pelvis, and I expected that in a short time it would be safely expelled. Suddenly the patient complained of violent cutting pain in the uterus on the left side, totally different from the ordinary pains of labour, which immediately ceased. Sickness followed, but the head did not recede. Dr. —— saw the patient with me, and we agreed that immediate delivery was necessary, by the perforator and crotchet. This I did without loss of time, and the patient rapidly recovered, and has since been safely delivered of a living child without any artificial assistance being required.

Case 144.—On April 11th, 1855, I was called to a case of labour in which an arm of the child had presented, and repeated and long-continued unsuccessful efforts had been made to turn. I found the thorax low in the pelvis, and the uterus so firmly

contracted around the body of the child that I durst not renew the efforts to turn. I pressed down the arm, passed up the crotchet over the lower part of the abdomen and in a very short time brought out the pelvis and lower extremities. The operation of turning was performed with the crotchet.

Case 145.—On April 29th, 1855, at 6 a.m., I was called to a case of protracted labour in Rupert Street; it was the first labour. In a note the medical attendant said, "Will you kindly come and bring the forceps?" I found the os uteri not more than half dilated; the anterior part was thick and undilatable, pressed down before the head with the pains, which were strong and regular; progress very slow. I recommended patience, but the patient had none. Time was absolutely necessary; the forceps could not be employed. I did not dream of the operation of turning. Having waited twelve hours, and it being evident that the head would never pass through the os uteri, which was still only partially dilated, and the forceps being inapplicable under the circumstances, and the strength of the patient being much exhausted, the head was opened with the perforator and extracted with the crotchet, and in doing this considerable time and labour were required. She recovered.

Case 146.—On May 9th, 1855, I was called by a medical practitioner to see a lady near Camden Town, whose sixth labour had commenced on the morning of the 8th. It had continued the whole day, and at 9 p.m. the head of the child was firmly impacted in the brim of the pelvis, and there had been no advance for many hours; the top of the head only could be felt. Symptoms threatening the greatest mischief were present, and immediate delivery was obviously necessary. I soon opened and extracted the head. In the first labour, five years before, the child had been

delivered by the same method, after most protracted suffering. In the second labour the child was premature, and it passed without any artificial help after the labour had continued many hours. In the third and fourth labours, the children being very small were passed alive, their heads being greatly bruised. A six months' child was afterwards expelled, dead. This patient would not submit to have premature labour induced.

Case 147.—At 7·30 a.m. on May 28th, 1855, I was called to a case of protracted labour in Rathbone Place. It was the first labour, and had continued upwards of twenty-four hours; the patient was thirty years of age, and extremely corpulent. Just before my arrival at the house, the child, very large, had been extracted alive with the forceps. The perinæum, I was informed, had been lacerated, but to what extent an opportunity of ascertaining was not furnished. I made pressure over the abdomen, and in a quarter of an hour the placenta came away.

Case 148.—On July 1st, 1855, Mrs. ——, being in the seventh and a half month of pregnancy, and whose pelvis was distorted, I had resolved to induce premature labour on July 4th. It was agreed that she should then be near Hanover Square. On the 23rd of June, while at a great distance from London, without any accident, the liquor amnii began to escape, and labour pains commenced not very long after. Before I could see the patient a premature child had been born alive, after the head had been long compressed in the brim of the pelvis; the forceps had been applied, and great force used in the first labour, with most injurious consequences to the mother. The child was dead. In the second labour I had induced premature labour at the seventh and a half month, and the child was born alive and reared. About the

eighth month of the next pregnancy labour came on spontaneously, and the child was stillborn by the natural efforts.

Case 149.—On September 8th, 1855, I was requested to see a lady, who had been upwards of forty-eight hours in labour with the first child; it was stated by her medical attendant that there had been no progress during twelve hours. The os uteri was not fully dilated, the head had not entered the brim of the pelvis; pains were gradually declining in strength; the discharge was very offensive, and there was every reason to believe that the child was dead. It was considered by us necessary, without any reference to the vitality of the child, that the mother should immediately be delivered. After perforation, great and long continued force was required to extract the head; the recovery was unfavorable, and I regretted that the labour had been allowed to continue so long. This patient had long been in a peculiarly nervous condition; this has since entirely disappeared, and she has been delivered safely of a living child.

Case 150.—Mrs. ——, æt. 28, September 22nd, 1855.—Two years ago was confined with her first child at a distance from London; it was delivered with an instrument, which there is good reason to believe was the forceps, and was stillborn. Was in labour from Saturday till Tuesday morning; the pains had then ceased; recovered favorably from the labour, and is now seven months pregnant; there is no bending of the spine nor of the bones of the lower extremities, and her appearance is very healthy. Is looking remarkably well. The question now is, shall she be allowed to go the full period, or have premature labour induced? Mr. —— had examined the pelvis after her previous confinement, and his opinion now is that she may safely be allowed to go to the

full period. I examined the pelvis, and could not, with the finger introduced completely, reach the promontory at the sacrum. I infer from this that there is no want of space between the sacrum and symphysis pubis. On the sides of the pelvis there is abundance of room, and the tuberosities of the ischia are at the usual distance from one another, as far as I can judge; on this account I would say most distinctly that no interference ought to take place. I entirely coincide with Mr. —— on this subject, and I would expect, unless the child should be unusually large, it will pass in a second labour without more than the usual efforts of the uterus.

Case 151.—On October 17th, 1855, Dr. ——, requested me to see a lady who had been a great many hours (upwards of sixty) in her first labour, and had become completely exhausted. The head had not passed through the brim of the pelvis, the soft parts were greatly swollen, and the catheter had been repeatedly required. We had no doubt that immediate delivery was required, and that the only method of doing this, with safety to the mother, was by opening and extracting the head. Great and long-continued force was required to accomplish the delivery, but the patient recovered.

Case 152.—Sunday 10·30 a.m., November 11th, 1855.—Mrs. ——, in the seventh month of pregnancy, was seized with uterine hæmorrhage at 4 a.m. on Wednesday week. It was not profuse; there has been more or less discharge ever since, and there has been severe headache, for which leeches have been applied. She is extremely nervous, almost hysterical. Examined, and found the os uteri a little open; could not feel the placenta, but from the thick state of the uterus in front, inferred that the placenta was in the immediate neighbourhood of the cervix, or over it. I

recommended Mr. —— to keep his patient very quiet and cool, in the horizontal position, watching carefully; and if hæmorrhage returned profusely, to pass the hand and turn the child if the placenta was found at the cervix, and rupturing the membranes if it was not. Mr. —— agreed to remain strictly on the watch, and not to delay interfering too long. A fatal case of placental presentation, which had occurred in the neighbourhood not long before, had created terror in the minds of the patient and her husband. On the 12th, Mr. —— wrote to inform me that, "true enough, the placenta entirely covered the os. Hæmorrhage came on early this morning; and as I found the portals not very rigid, I was able to pass my hand up and turn, I am happy to say without any very extensive hæmorrhage." The child had been dead some time.

Case 153.—December 4th, 1855, Mrs. ——, Islington.—First labour had continued sixty hours; os uteri then rigid, and not more than half dilated; pulse 190; tenderness of abdomen; exhaustion; pains gradually subsiding; no chance of the process being completed by the natural efforts; discharges very offensive; child probably dead. Opened the head, and extracted with less force than in many of the previous cases. Placenta adhered, and required to be removed by the introduction of the hand into the uterus. Recovered favorably.

Case 154.—At 12 o'clock on Christmas day, 1855, I was called to a patient in her fourth labour, at Park Villages West. The membranes had burst at 9 a.m.; little active contraction of the uterus followed. The presentation was soon ascertained by the medical attendant to be preternatural. An arm was felt. I passed my right hand readily into the vagina, and found the os uteri so imperfectly dilated and so rigid

that some time was required to overcome the resistance; the head of the child was at the forepart of the uterus, bent up upon the body. A difficulty was experienced in passing the right hand along the front of the thorax and abdomen. I withdrew the right, and substituted the left hand, and with this, after an hour, succeeded in drawing down a foot; a tape was passed around the ankle, and then the turning was soon safely completed.

Case 155.—April 13th, 1855, I saw a lady near Camden Town in the second month of pregnancy, who, after feeling some uneasiness about the uterine region, was seized with symptoms of sudden sinking. The countenance pale, the pulse rapid and feeble, and all the other signs of internal hæmorrhage; the uterus was enlarged, but not greatly, and closed. On the left side there was an enlargement felt, which I thought was anterior to the uterus, and in the situation of the left ovarium. I considered it probable that this was a case of internal hæmorrhage, from tubal gestation. It went on rapidly to a fatal termination, and a post-mortem examination was objected to by her husband.

Case 156.—On the 4th January, 1856, I saw a patient in labour who was in a very weak condition, and had had a fit of violent shivering. The arm of a dead and putrid child in the seventh month had presented, been laid hold of, and brought away. I recommended that the crotchet should be used to bring down the trunk when she had recovered from the exhaustion and severe shivering. The hand could not, I thought, be passed without great difficulty. I was informed that the delivery had been effected without much difficulty, by passing up the crotchet and drawing the child, doubled up, through the pelvis, but the patient, I was

informed by the medical attendant, did not recover from the exhaustion, and died a few days after.

Case 157.—Mrs. ——, æt. 27, 21st January, 1856. —Confined with her first child twelve months before, last September. Reports, that she was delivered with instruments, after being three days and four nights in labour. The perforator and crotchet were employed, after a consultation. The catheter was necessary three weeks after, and sloughing followed of the posterior wall of the vagina, and the perinæum had been injured. The os uteri was hard and irregular, as if it had likewise been torn.

Case 158.—On the 15th January, 1856, I was called to a patient at Knightsbridge, in whom an attempt had been made to deliver with the forceps, and had failed. The head was not near the perinæum; even during the pains it was not sufficiently low for an ear to be felt. As the medical attendant considered it, in spite of the failure, to be a case fitted for the forceps, I applied the blades over, as I believed, the sides of the head, without feeling an ear, which was bad practice, locked them, and for a considerable time made strong traction, without succeeding in drawing the head lower. There being no hope of success with the forceps, and great danger of doing mischief, I opened and extracted the head, and no bad symptom followed.

Case 159.—Mrs. ——, æt. 28, 23rd January, 1856. —Confined with her first child on the 24th January, 1855. Was thirty-two hours in labour. It was a large child, but expelled dead without artificial assistance. The urine passed afterwards with difficulty, but without the aid of the catheter. The perinæum was lacerated. Inflammation and sloughing of the vagina followed, and a copious purulent discharge

for five months. Dr. —— saw this patient some time after the delivery, and great contraction of the vagina had then taken place. Bougies of different sizes were employed, and the contraction was relieved. The catamenia last appeared about the 17th May. She is now near the full period of her second pregnancy, and I thought it most prudent to leave the case to nature. There were extensive, firm cicatrices in the vagina, and it seemed very uncertain if the child would pass. I resolved, when the labour should come on, to preserve the membranes as long as possible entire, hoping that the dilatation of the cicatrices might be accomplished without any artificial aid. I did not think that the life of the child would have been preserved had premature labour been induced. After the labour had continued a considerable number of hours, the pains became incessant and violent, but the cicatrices did not yield. Fearing rupture of the uterus, Dr. —— was called into consultation, and we resolved, without loss of time, to deliver with the perforator and crotchet. The operation proved to be one of great difficulty, and required the utmost caution. The cicatrices at last yielded, and the patient recovered without any bad symptom.

Case 160.—On the 25th January, 1856, I saw a case of puerperal convulsions near Bloomfield Street, after a premature confinement. Twenty ounces of blood had been taken away, and the patient recovered favorably.

Case 161.—On Wednesday, the 27th February, 1856, Dr. ——, requested me to see a patient who had a great hæmorrhage, with complete placental presentation. The flooding had commenced on the Friday before, when four pints were lost. As the patient was the mother of several children, the external parts were not in a rigid state, and the hand

was readily introduced into the vagina, and two fingers through the os uteri, and the feet grasped and the child extracted. It was dead. The placenta immediately followed the child, and the flooding ceased. There was an attack of crural phlebitis some time after, from which she was a considerable time in recovering. A case of crural phlebitis has more recently come under my observation, after the removal of a polypus of the uterus in the manner usually practised in France and foreign countries, and which is said never to be followed by any bad consequences.

Case 162.—On the 26th of March, 1856, Mr. —— requested me to see a lady who had been attacked with dangerous uterine hæmorrhage near the full period of pregnancy. The flooding had been going on fourteen days. The parts were readily dilated, the patient having previously borne nine children. I passed two fingers between the uterus and placenta behind, immediately got hold of a foot, and turned without any great difficulty, and the hæmorrhage ceased. The patient recovered most favorably.

Case 163.—On the 15th of May, 1856, I was requested to see a lady at some distance from London who had been forty-six hours in labour. An ounce of chloroform had been administered. The long forceps had been proposed, and the husband had become alarmed because the labour was not completed at the time the medical attendant had predicted. At 4 p.m., pupils dilated, face suffused; in a drowsy, half insensible state; bladder distended with urine. Vagina swollen, and very tender. Child not felt to move during twenty-four hours. Os uteri largely but not completely dilated. The head of the child had not passed through the brim of the pelvis. An ear could not be felt. No labour pain of any importance. No progress from 12 o'clock the previous night—sixteen hours. I drew off the urine with difficulty. The patient could

not with safety be left longer in labour, and as nothing but irreparable mischief could have resulted from an attempt to deliver with the forceps, I would not consent to such an attempt being made; and as there was no other method of saving her life but lessening the head, and extracting the child without delay, this was done, and great and long-continued force was required to complete the operation. This patient has since been delivered naturally, at the full period of pregnancy, of a living child.

Case 164.—At 11 p.m. on the 26th of May, 1856, I was called by Dr. —— to see a lady who had been in labour twenty-four hours. The presentation had not been ascertained till 9 p.m. At 11 p.m. the left arm was in the vagina. Uterine contractions not very strong. The pelvis was known to be distorted, but not in a high degree. There was only one thing to do, and that was to turn the child without injury to the uterus. The husband was anxious that chloroform should be administered, but I thought the patient would be delivered more safely without it. I proceeded to turn with the right hand. The brim of the pelvis was partly occupied by the head. I got beyond this, grasped a knee, and in a very short time had the foot in the vagina. The nates, trunk, and arms, soon followed. Dr. —— then proposed applying the forceps. I got two fingers of my left hand into the mouth, and drew it out of the vagina, and the respiration went on for some time till the head was extracted, and then I poured brandy over the thorax. The child was alive when I left, and the placenta also had come away.

Case 165.—1856.—I received a note requesting my attendance "on a flooding case of labour" at 17, Upper Cleveland Street, to meet a friend of Dr. ——. "It was stated to me by the medical attend-

ants that the hæmorrhage had been going on two weeks, and that it was a case of complete placental presentation." The centre of the placenta had been torn with the fingers, for the purpose of rupturing the membranes and letting the liquor amnii escape; I felt the edges of the torn placenta on each side of the cervix uteri. The labour pains were strong, the head was descending, and there was every prospect of the labour being safely completed without further assistance. I left the patient to the care of the medical practitioners in attendance, and afterwards heard that she was safely delivered.

Case 166.—On the 14th September, 1856, I was called to see a patient in labour, who had previously been seen by three or four practitioners in midwifery, and long-continued efforts made to extract the head of the child, which had been separated from the trunk and left within the uterus. The long midwifery forceps had been employed without success. The patient was greatly exhausted, and appeared almost in a dying state. I passed my left hand completely into the uterus, and fixed the crotchet upon the head, and extracted it with considerable difficulty. Six weeks after, this patient came into Burton Ward, St. George's Hospital, with the vagina almost, if not completely, closed up, about the middle. Sloughing had taken place, and this closure was the result. The general health was good. No symptoms of menstruation had been observed. She went home, and I desired her to return in a few months. 7th April, 1857.—I have not heard of this patient since she left St. George's Hospital.

The following report of this case was drawn up by the obstetric assistant, and is copied from the journal: —"B—— C——, æt. 20. An Irish woman. A most imperfect history only can be obtained. This patient was confined with her first child on the 14th of

September. It appears that she sent for Mr. ——, parish surgeon, about 6 o'clock on the previous evening, and within twenty-four hours he, with the assistance of four other medical men, performed craniotomy. From the patient's statement it appears that the child must have presented with its breech, as she states they took it away piecemeal, the head of the child having come last. After a long and difficult manipulation by a medical gentleman (which afterwards turned out to be Dr. Lee), she also states that she lost a good deal of blood during and after the operation, and was insensible for several hours. She says that since the operation she has not been able to retain her urine more than five minutes at a time unless she lies in the recumbent position, and even then coughing, sneezing, &c., forces it from her. She feels quite well in herself, and has no pain of any kind. Bowels open, tongue and pulse natural. 25th.—Since her admission, the urine has come away perfectly natural, and at the proper times. Complains of soreness to-day. *Examinatio per vaginam.*—There is a deformity in the antero-posterior diameter of the outlet. There must have been a good deal of sloughing of the vagina, as it is much cicatrized. The uterus cannot be felt on this account. The urethra is not at all involved; it is perfectly natural and free. 28th.—Since her admission, the urine has only been voided at proper times. She feels quite well in herself. Bowels regularly open, tongue and pulse natural. Nov. 1st.—Walks about all day without any inconvenience, and feels quite well in herself. 5th.—Discharged."

Case 167.—18th September, 1856.—I saw a patient at Camden Town, who had been delivered of a premature child, and the placenta had been retained from 4 to 10.30 a.m. The cord was not broken. A portion of the placenta was hanging through the os uteri. The cervix was firmly contracted. No hæmorrhage.

Ergot had been given, and repeated efforts made to pass the hand. Slowly I got the fingers introduced sufficiently to seize the placenta and extract it entire. The whole hand was not passed.

Case 168.—September 30th, 1856, I saw a patient at Pimlico, who was under the care of another medical practitioner of experience and reputation. It was the first pregnancy, and near the full period. For some time there had been headache, œdema of legs, and bloody urine; she had been seized with convulsions and was completely unconscious; pulse slow; twelve ounces of blood had been taken away, the head shaved, cold applied, and an enema administered. I thought the patient should not be left long undelivered. On the 2nd of October her medical attendant called and informed me that she was dead. Fourteen ounces of blood had been taken from the temples; the fits went on every twenty minutes, not diminished in severity. After the second and third fit there was no return to consciousness; "after the convulsions there was clonic spasms." The labour went on, and at a quarter to 7 she was delivered with the forceps, the head being then close to the perinæum; the child was dead, and probably had been dead some time. After the delivery there was no fit for an hour and a half, which was the longest interval she had had since the first fit. During the hour and a half she rallied somewhat, but the fits returned, and she had one every hour, and died at 2.30 a.m. This lady had been in the country, and had never complained during her pregnancy. When the limbs began to swell is uncertain, but the swelling had existed some weeks. "The question now for consideration," said her medical attendant, is, "what treatment should be adopted where œdema and bloody or albuminous urine take place in the latter months of pregnancy? The great objection to any general rule is that not a

few women have these symptoms, yet have no convulsions. It is a difficult question to answer. But is there a method of treatment by which these could be arrested without inducing premature labour? What treatment should be adopted? Venesection or not? Premature labour should not be induced rashly in these cases." When Mr. —— saw this patient on the morning, she said "I am quite blind." That was before any fit took place. On the preceding day she had been quite well, but at night was restless, and complained of severe headache and some abdominal pain. Sickness early in the morning took place, and an emetic was prescribed. Died. These are all the notes that have been preserved of this case.

Case 169.—On December 2nd, 1856, I saw a patient with Mr. ——, at Islington, near the full period of her sixth pregnancy. Hæmorrhage to a considerable extent had been going on several weeks, but the constitution, until this morning, had been little affected, and there had been no pain. About a week before this (November 26th), I had seen the patient; but the os uteri was thick, rigid, and undilated; the discharge was not great, and delivery was not practicable; but on Monday morning, December 2nd, there was great faintness and hæmorrhage; the os was dilated, and the mass of the placenta was felt through it. I passed the hand into the vagina, which was full of coagulated blood; two fingers were then introduced between the placenta and uterus, and gradually the whole hand, as there was little resistance. The head presented; the hand was carried beyond this, the lower extremities seized, and the operation of turning quickly performed. A good deal of force was required to draw the nates through the os uteri; the patient recovered favorably.

Case 170.—On December 23rd, 1856, I was called

to the Lying-in Ward of the St. Marylebone Infirmary, to a dangerous case of placental presentation, of which the following history was communicated to me by a gentleman who was present at the labour:

"Martha ——, 31, married; been a servant, lately a laundress; mother of six children; good, quick times. Expected about the latter end of December, 1856, but not certain in her reckoning. Three weeks ago hæmorrhage occurred, without assignable cause. This stopped without remedies. It recurred the week following to a great extent, which induced her to send her husband for a medical man. She lost, she states, at this time, about a quart of blood; brandy was given, &c. She was admitted the day following, Wednesday, December 17th, into St. Marylebone Infirmary. She had slight hæmorrhage, but no pain or dilatation of os. It could not be ascertained if the placenta presented; vagina was plugged with three pieces of sponge, as she was very low; the sponge was removed three days subsequently, and no hæmorrhage occurred. On Monday she had slight return of the hæmorrhage, and on examination the os was about the size of a shilling, and appeared more soft and spongy than usual, especially posterior lip; placenta not distinctly felt; plugs reintroduced. In the evening, about 8.30 p.m., pains, which had been slight and in abdomen, appeared periodically in back, and she expressed herself confidently to be in labour. She walked at this time from medical to lying-in ward, and plugs were removed, and os was found about the size of half-a-crown, and a mass like lobule of placenta inside the posterior lip. I felt the presentation when the pains came on, and smart cascade of blood ensued at this time, and she lost half a pint of blood in two or three minutes. I plugged with six pieces of sponge, and she had regular pains, but at long intervals, but no hæmorrhage.

Things remained in this state till 1 a.m. on the Tuesday, when Dr. Lee took the case under his superintendence. The patient being tolerably robust, with good pulse, &c., Dr. Lee removed the sponges, and deemed it advisable to deliver at once, as no good could result from delay, and the os was yielding and dilatable. He accordingly introduced his right hand into the vagina, and passed his index and middle fingers between the placenta and the os uteri on the right side into the uterus, past the head; the fingers were pushed through the membranes; a foot was seized, and brought down. Gentle traction was then used for delivery, the other lower extremity remaining in the abdomen to guard the cord. This extremity was then brought down, and the child advanced; the right arm was drawn down, and with a little care and trouble the left arm was then extracted. The perinæum being supported, the head was then extracted. The cord pulsated feebly, and the child was accordingly placed in a warm bath, brandy poured on the trunk, and as the cord ceased to beat, ligatures were put on. Feeble, infrequent respiration ensued, and these grew more frequent, &c., and the child was wrapped in the receiver, and vitality in a few minutes was vigorously established. The placenta was removed in a few minutes with slight traction and separative force, and was perfect and unbroken, being rotated two or three times to ensure the membranes, &c., being perfectly removed. Very slight hæmorrhage resulted in the act of turning, and the operation was effected in a surprising short period—two or three minutes. In fact, little or no loss of blood accompanied the whole process, and the patient seemed almost as well after as previous to delivery, and no amount of shock was impressed on the system."

Case 171.—At 2.30 a.m., Saturday, January 3rd, 1857, I received a note from Mr. ——, in which it

was stated that he had "a case of protracted labour, forty-two hours, with impaction of the head at the brim of the pelvis; venesection employed in the afternoon, with a slight improvement, but again we are in a fix, with rapid pulse and much anxiety. Be kind enough to grant me your assistance." The patient was thirty-four years of age, first labour; membranes ruptured at the commencement; towards Thursday night pains active. Mr. —— had left her at 11 p.m., and was called yesterday (Friday) morning. The dilatation then not very considerable; os uteri rigid, with a full, bounding pulse. Friday 3 p.m.—No progress, symptoms urgent; V.S. to ʒxv; after that Mr. —— left her. At 7 p.m. she was seen again. The os uteri was dilated, but no advance of the head. At 9 p.m. found the head had partially passed through the brim, giving hopes that the labour would go on favorably, pains being active. A pint of urine drawn off and some castor oil given in the afternoon, but it had not operated. Since 12, pains have been almost completely arrested. No progress. Saturday, 3 a.m.—Expression of countenance good; no delirium; tongue very furred; pulse 130; os uteri not fully dilated; felt surrounding the whole head, which had not passed through the brim of the pelvis, the greater part above the brim. The pains are now feeble, and produce no effect upon the head. Nature will never complete the delivery. Immediate delivery necessary. The perforator and crotchet the only means by which the life of the patient can be preserved. Great force required to contract the head after perforation; the bones were torn to pieces with the crotchet; the craniotomy forceps gave no help; at last the crotchet was passed into one of the orbits, and after two hours' hard exertion I succeeding in completing the delivery. It was very difficult to extract the shoulders; a tape round the neck was not sufficient; the crotchet was passed up into one of the axillæ, and it required great force to draw the shoulders forward. The placenta

did not come away in the usual time. Great hæmorrhage took place. I passed the hand into the uterus, and found the placenta adhering, which was detached and removed. At last the hæmorrhage ceased, and I returned home at 7 a.m. The child was remarkably large. The patient recovered most favorably.

Case 172.—In September, 1860, this patient was five and a half months pregnant, and I was called by Mr. —— to see her, to determine whether premature labour should be induced. I felt great difficulty on coming to a decision upon this point, but after examining the pelvis I thought it possible, if the child was small, that it might pass through the brim alive at the full period. The child was remarkably small, and was born alive by the efforts of nature. I have since often thought that it was not sound practice to allow the patient to go to the full period, with a recollection of what had occurred in the first labour.

Case 173.—At 8.30 p.m., Sunday, November 9th, 1862, I received a note from Mr. ——, son-in-law of Mr. ——, to see this patient again. She had been upwards of twenty-four hours in labour, and since 10 in the morning the head had been fixed in the brim and greatly swollen, and had not made the slightest advance. The catheter had been introduced with great difficulty. There was no hope that the head would ever pass through the brim. The pains were violent and incessant, and there appeared every probability, if the labour were allowed to continue, that some fatal accident would occur. We agreed, therefore, taking all the circumstances into account, that the only course left for us to pursue was to open and extract the head, which I did with far less difficulty and in a much shorter time than in 1857. The placenta soon came away, and the patient has recovered

favorably. I saw the child alive that had been born in 1860—a small, delicate child.

Case 174.—At 8 a.m. on Wednesday, January 21st, 1857, I received a note from an experienced practitioner: —"I have been," he said, "at the house of the bearer, Mr. ——, all night. His wife has no perinæum—that was lacerated in her first labour; the child's head is low down and impacted, but I am anxious you should see her as soon as you can." I was informed that Mrs. —— had been delivered by Mr. —— with the forceps, and when the labour had lasted only six hours. The perinæum was extensively lacerated. The second labour had commenced at 8 o'clock the previous night; the first stage was nearly completed; the head of the child is now near the outlet, it presses against the thickened band formed by the lacerated perinæum, and this has prevented its escaping for six or more hours. The pains were strong. The ear towards the right side of the pelvis could be felt, but I thought the blades of the forceps could not be applied without tearing the bandage of the torn perinæum, and the rectum would thereby have been laid open. There were no symptoms to require immediate delivery, she was not exhausted, and I thought it probable that the head, if time were allowed, would pass safely, but resolved, if it did not, to lessen the head or contract it, rather than run the risk of inflicting further injury upon the parts by the use of the forceps. At 2 p.m. no progress had been made, though the pains had been strong and regular since 8 a.m., there being then no hope that the head would ever be expelled by the natural efforts. After the most serious consideration we thought it most advisable to lessen and very cautiously extract the head, and, if possible, avoid lacerating the parts and laying open the rectum. This was done, and there was no mischief produced. I afterwards ascertained that the lacera-

tion of the perinæum had not been discovered for several months after the first labour had been completed with the forceps.

Case 175.—On February 5th, 1857, I attended a lady in labour who was in the last stage of consumption. The labour had commenced early in the morning of the 4th, with the escape of the liquor amnii. The pains continued feeble during the whole day, when there was a prospect that the head would be expelled by the natural efforts. On the morning of the 5th she became very feverish, with rapid, feeble pulse, and laborious respiration. At 5 p.m. I requested a consultation with Dr. —— who was of opinion that she might still be left for a time to the natural efforts. He recommended ergot to be given, and one drachm of the infusion was given every quarter of an hour. No effect. At 9 p.m. we determined to deliver. I dilated the os uteri gently, and the head passed through it, and it appeared, from the pains which followed, that the head would probably pass through the external parts without assistance. Brandy and water was given; a violent rigor took place, and complete cessation of pain. A hand was then felt for the first time along with the head. To preserve the patient from dying undelivered, we were compelled immediately to lessen and extract the head. It would have been better if we had done it much earlier, and not given the ergot of rye. However, the placenta came away without hæmorrhage, and she rallied sufficiently to take leave of her husband and children. It would have been sounder practice, I have since thought, to have induced premature labour in this patient, but the subject, after being maturely weighed in consultation, was not considered advisable.

Case 176.—At 3 a.m. on April 9th, 1857, I was called to see Mrs. ——, who had been in labour the

whole of the preceding day. The head of the child was firmly wedged in the brim of the pelvis; all the soft parts much swollen; an ear could not be felt; the labour pains were nearly gone. Mr. ——, who was in attendance, said he thought the forceps should be employed. I inquired if he felt one of the ears of the child. He answered very decidedly, "Yes!" I said, "Where do you feel it?" and begged him again to examine. He did so, and then allowed that an ear could not be felt. I inquired if he had ever seen a similar case in which the forceps was applied. He said yes, that Dr. —— had done so, and that he was afterwards compelled to perforate the head, and that sloughing and perforation of the bladder followed. I opened and extracted the head without delay, being satisfied that this was the proper course to pursue. But the labour had been allowed to continue too long, and extensive sloughing of the vagina and bladder followed, and I saw the patient afterwards in a wretched condition. I had seen the patient in her first labour, King Street, Golden Square, a considerable number of years before, I then ascertained that the pelvis was somewhat dilated. The child passed through the brim with great difficulty alive, and died when two years old. The second child was born alive, and is alive and seven years old. The last, the third labour, Dr. —— was called to see the patient after she had been upwards of forty-eight hours in labour; the head was opened, and the patient, I was informed, suffered dreadfully.

Case 177.—On the evening of the 19th of April, 1857, with Dr. ——, I saw a lady who had been many hours in her first labour. The head of the child had not advanced since 9 o'clock in the morning. The patient was excessively stout, and highly nervous and excitable. The labour pains had nearly gone off, and she was greatly exhausted; an ear of the chlid could not be felt; the catheter had been required. It was

obvious that nothing but mischief could result from leaving the labour to go on. We were of one mind. Dr. —— opened and extracted the head without much difficulty; the funis was round the neck; the placenta soon came. The patient, I believe, recovered in the most favorable manner.

Case 178.—On May 11th, 1857, Dr. —— requested me to see a lady, somewhat advanced in life, who had been upwards of forty hours in labour with her first child. The os uteri was not completely dilated, and the vagina and all the soft parts, even the external parts, were greatly swollen. We were both satisfied that the labour would never be completed by the natural efforts, &c., that immediate delivery was necessary, and that the only safe method of accomplishing the delivery was to open and extract the head. This was done with great care, to avoid contusion of the soft parts, and the patient recovered favorably. There was no distortion of the pelvis in this case; the difficulty arose from the rigid, undilatable state of the os uteri and all the soft parts at the outlet. In her second labour no difficulty.

Case 179.—Difficult labour, from extensive cicatrices in the vagina. June 25th, 1857, British Lying-in Hospital, 1 p.m.—At 12 o'clock I received the following note from the matron:—"The patient is come into the hospital upon whom you performed premature labour two years ago. She is now very bad; I should very much like you to see her soon; her pains are very bad. It is the patient with the rigid vagina." The pains had commenced at 7 a.m.; the membranes were ruptured; the head of the child prevented from escaping by a cicatrix like a firm, hard, cartilaginous band, chiefly behind, near the outlet of the vagina and on the right side. It was so hard that there appeared no probability of the head ever escaping.

I made as deep an incision behind as I durst venture to make, and another on the right side. I did this, and then it was found that the cicatrix was very extensive, that the posterior wall of the vagina was so much thickened and indurated that there appeared no hope of the child ever passing, and great danger to the patient if not delivered. I resolved immediately to relieve her, and lessened and extracted the head, and this required great force and patience. The contracted part reluctantly yielded, and I had a suspicion that a part was lacerated. The placenta soon followed, and the patient had a perfect recovery, which I hardly expected.

Case 180.—On Saturday, July 4th, 1857, I was called to see in consultation a lady at some distance from London, who had been forty hours in a labour with her first child. The external parts and vagina were enormously swollen. The os uteri was imperfectly dilated, and the head had not passed completely into the cavity of the pelvis. The idea of delivering with the forceps could not for a moment be entertained. Immediate delivery was required, but the great rapidity of the pulse, delirium, and swollen state of the parts, led me to believe that she would not recover if delivered by lessening and extracting the head. Slight ulceration took place around the meatus urinarius, but no sloughing of the vagina. About a week after delivery she appeared to be in the utmost danger, but the tenderness of the abdomen, the rapidity of the pulse, and disturbed state of the brain, gradually subsided, and she got quite well, and has since been happily confined without any difficulty.

Case 181.—Nearly at the same time, a few days after, I saw a case very similar in Dover Street, where, to save the patient's life, it was necessary to

deliver by the same means. An attempt to apply the forceps had been unsuccessfully attempted; it was the first child, and the patient had been in labour thirty hours. The pains had entirely ceased, and symptoms of dangerous exhaustion had suddenly supervened. The recovery was much more favorable than in the last case.

Case 182.—On July 5th, 1857, I was requested to see a lady, æt. 40, whose first labour had commenced at 5 a.m. the previous day. "At 12 yesterday, the progress not great, the os being high up and little dilated; head presenting. 12 last night, strong labour, and the head come through the os uteri, the whole having passed up over the head. The pains have continued every minute, rather short; but to this time, 10.30 a.m., there have been regular pains, and the head is now resting on the perinæum, and rather disposed to pass through; a portion of the head has cleared the labia, and there is decided progress." On receiving this report, I said, "I will not go up-stairs, but recommend delay, and go home and wait the result." 3 p.m.—The head has not advanced in the slightest degree for six hours; it has not yet passed through the brim of the pelvis, and an ear cannot be felt on either side; there is great tenderness of the soft parts, so that the finger cannot be introduced and passed around the head to feel for an ear without giving great pain. The parts have been subjected to as much pressure as they will safely bear; the pains have no sensible effect in pressing forward the head, and I am satisfied that the head will never pass by the natural efforts. The labour has lasted thirty-five hours, and there has been no progress for six or eight. It is impossible to be certain whether the child be alive; the sound of the fœtal heart cannot be heard; but in most cases of this kind, where pressure has been exerted so long, it has destroyed the child. The life

or death of the child it is absolutely impossible to be quite certain of, but this is not the question now actually before us. Is it safe to leave Mrs. —— longer in labour? Is there a hope that nature will complete this labour? I believe there is not a ray of hope, and I believe, from the state of the pulse (120) and countenance (white, fixed), that her life will be exposed to great danger if she is not soon delivered, and that the forceps cannot be applied with safety. The medical attendant, an experienced practitioner, having entirely concurred in opinion with me, at 3.30 I opened and extracted the head, and the force required to effect this proved to our entire satisfaction that our opinion was correct. I have omitted to mention that the meconium had been escaping for many hours. The state of the child proved that it had been dead before the labour commenced. The patient recovered without an unfavorable symptom, except the inability for a few days to pass the urine without the catheter.

Case 183.—On Thursday, July 16th, 1857, I was requested to see a lady who was stated by her husband to be in extreme danger from uterine hæmorrhage after the birth of the child. I found her dead. On raising the bedclothes, I saw the uterus completely inverted, and the placenta still partially adhering to it. I detached the placenta, and restored the uterus to its natural situation, but the patient was dead. How the accident had occurred I did not learn precisely, and the nature of it was not known till after the patient's death, and is not known now to her relations, I believe. On detaching the placenta, before reinverting the uterus, blood flowed copiously from the ruptured orifices of the veins in the lining membrane of the uterus. I saw none flowing from the uterine surface of the placenta.

Case 184.—On Wednesday, July 23rd, 1857, I was called to see a patient, æt. 32, Mrs. ——, a stout, plethoric woman, attended by Mr. —— and Mr. —— near Buckingham Gate, in the sixth and a half month of her second pregnancy. After suffering from intense headache, she was seized this morning with convulsions at 5 o'clock, and had several severe fits. At 6 I saw her, when she was completely insensible, with stertorous breathing, having just recovered from a violent fit; she had been bled from the arm freely, and leeches had been applied to the temples. Ten grains of calomel had been given, and an enema administered. The fits continuing, and a state of complete stupor, like apoplexy, supervening, delivery was considered necessary. There was no symptom of labour; the os uteri was a little open, allowing two fingers to enter; the presenting part could not be felt; the hand could not be introduced to deliver by turning; the head was found to be the presenting part. I opened the head with the perforator and drew it through the os uteri with great difficulty; the fits ceased soon after delivery. A year after, this patient complained much of pain in the nape of the neck.

Case 185.—On July 27th, 1857, I received the following note from Mr. ——: "I have another case of deformed pelvis, which, I think, requires your kind assistance and opinion immediately." This patient had been twenty-four hours in labour; head jammed in the brim; soft parts greatly swollen; no chance of the head passing; no one but a madman would have thought of the long forceps, or of the operation of turning in such a case. I opened the head, and after strong extracting force had been employed for some time the head came through the brim almost with a jerk. This patient had been delivered by another practitioner three years before by the same

means, after a most severe, protracted labour. No sloughing followed either the first or the second labour.

Case 186.—On August 24th, 1857, I saw a patient from the Bahama Islands, whose perinæum had been ruptured three years before in her first labour; it was by her report a rapid labour, but the practitioner in attendance did not support the parts when the head of the child was being born. He followed the practice since inconsiderately recommended. He sat talking about things that had no connection with the labour, and to this the accident was attributed. A surgical operation was performed four or five months after the labour, without any benefit; she had dysentery in the West Indies, and this was not wholly gone, but her health had improved since her arrival in England, three weeks before. The sphincter ani had not been much injured; she could, when sitting or lying, retain the contents of the rectum and when the bowels were confined; when standing or walking, the contents of the rectum escaped involuntarily. As her strength had been extremely reduced by diarrhœa, and as her health had greatly improved since her arrival in England, she was recommended to spend some months at the sea-side before another attempt was made to reunite the lacerated parts by a surgical operation.

Case 187.—Mrs. ——, æt. 34; Mr. ——, September 3rd, 1857.—About the age of thirteen had affection of the spine, and during six months lay several hours daily, but took exercise at other times; till near twenty the affection of the spine continued, and there was a caustic issue about the dorsal region. The lower extremities were never affected with paralysis, and the bones are not bent; she was always able to walk. Catamenia appeared at fourteen, and

have been regular. Married on the 18th of February, and was regular three times after; about the 4th or 5th of June the last period occurred; has had a little sickness in the morning; there is shortness of breathing at times. I was called upon to determine whether or not the bones of the pelvis had become affected; it was a lateral curvature of the spine, high up; there was no angular projection; the point of the finger could not reach the base of the sacrum, from which I concluded that there was little or no destruction of the brim; the arch of the pubes I thought small. I recommended the medical attendant of Mrs. —— not to induce premature labour, and she went to the full time and was safely delivered, without any instruments or artificial help of any kind being required.

Case 188.—About 2 p.m., Friday, September 25th, 1857, I saw a lady in consultation who had been in labour twenty-four hours. The head presented; os uteri dilatable, but not more than half dilated; membranes not ruptured. A relative of the patient was bent on chloroform, and the medical attendant spoke of using the long forceps. I said this would be most unjustifiable; the membranes were not ruptured, and the os uteri was not more than half dilated, and the head had not passed through the brim. I urged the propriety of waiting; there was no sign of injurious pressure; the parts were soft and relaxed; no local mischief; pulse soft and not 80; tongue a little furred; no headache. "How many hours are we to wait?" was the question put to me. The answer was, "The symptoms must be carefully watched; if any should arise, by all means deliver." I advised rupturing the membranes, and very gently dilating the os uteri. No chloroform and no ergot to be given. I expressed a hope that the head would come sufficiently low for the forceps, or pass without any artificial

assistance. In this I was informed that I was wrong, and I did not see the patient again. The labour having continued five or six hours after, and there being no progress, delivery, I was informed, was accomplished by craniotomy. Hæmorrhage followed, but I believe the patient recovered favorably.

Case 189.—At 8 p.m., September, 1857, I received the following letter:—"Will you do me the favour to accompany the bearer to the above address, bringing with you the *long* forceps and instruments for opening the head?"

I went immediately to the patient with the *short* forceps, the perforator, and the crotchet. I found two practitioners in attendance. The patient was twenty-eight years of age; it was the first pregnancy, and it was the end of the ninth month. The bones of the legs were bent from rickets in early life. When young, she was run over by a carriage, and it has been supposed that the pelvis was injured. Labour had commenced at 10 o'clock the night before, and for several days previously she had suffered from irregular pains. Mr. —— saw her early this morning—about 3 o'clock. He states that he found the os uteri very little dilated, and that the dilatation has been gradually progressing, and "now a bag of membrane is protruding." The os uteri I found fully dilated, the membranes protruding through the orifice. The head was felt through the membranes above the brim. I could, but with some difficulty, reach the base of the sacrum with the point of the forefinger, and from this I inferred that the pelvis was only slightly distorted, and that if the head of the child was small it might pass through the brim and outlet without either the long or the short forceps. I recommended delaying for a time, to see what nature could do, but entreated that the case might not be left too long to nature. Fourteen hours after, I was again desired to see the patient. I found her

greatly exhausted, and the head so firmly impacted in the brim that no hope remained that it would ever get through the brim without artificial assistance. It was agreed, in consultation with the other two practitioners in attendance, that, to save the life of the mother, it was necessary, without delay, to have recourse to the perforator and crotchet. After the use of the perforator, great and long-continued efforts were employed before I could succeed in bringing the head into the cavity of the pelvis. The delivery was at last safely accomplished, and the patient recovered in the most favorable manner.

On June 25th, 1858, I received the following letter from a very respectable medical practitioner, who lives in a remote country town:—"Would you kindly inform me if you have any recollection of the case referred to in the enclosed note, and whether the opinion attributed to you be correct; as I have been requested to induce premature labour, in consequence of the advice said to have been given by yourself and her other medical attendants after her former protracted and instrumental labour? I would not trespass on your time, but there are some circumstances which render a certain degree of caution necessary before undertaking the operation in question."

"*June* 23*rd*, 1858.

"Having written a note which has not been posted, I write another to inform you that about the latter end of September last Mrs. —— was delivered of a full-grown fœtus at ——, by craniotomy. The medical attendants were Drs. ——, and Dr. Robert Lee, of Savile Row, London (the operator). These gentlemen declared to Mrs. ——, her mother, myself, and others, that unless premature labour be induced on Mrs. —— at the sixth month of gestation (and not later on any consideration), the dreadful alternative of craniotomy would be the consequence

again. Mrs. —— has not menstruated since the beginning of January last; she has increased considerably in size, and the fœtus having quickened some time past, it is evident that the advice of these gentlemen must be adopted the early part of next month, for I would not run the risk of another operation of the kind for all the world."

Induction of premature labour in the second pregnancy.—On June 25th, 1858, this patient being in the seventh and a half month of pregnancy, premature labour was induced at a distance from London, and the child was born alive by the natural efforts, but did not live long.

Third labour.—On January 9th, 1860, this patient was again seven and a half months pregnant, and came to London to have premature labour induced by me. The day was fixed for the operation, but the labour came on spontaneously the day before, and the child was born alive by the natural efforts, and lived a month.

Induction of premature labour in the fourth pregnancy.—On Saturday April 20th, 1861, the same patient being in the seventh and a half month of her fourth pregnancy, I passed up the stiletted catheter into the uterus with great ease, and punctured the membranes. On the 22nd there was slight pain, and the os uteri was beginning to open. On Tuesday, the 23rd, the labour was safely completed by the natural efforts, and the child was born alive, and is now (May 6th, 1861) alive.

Case 190.—On Saturday, September 19th, 1857, at 9 a.m., I saw a lady in consultation, about the age of forty, whose first labour had commenced twenty-four hours before, and there had been no progress during eight hours. Mr. —— thought the breech presented; I had, at first, some difficulty in determining positively what the part was which presented.

At last I felt the eyes near the symphysis pubis, then the mouth, then the smooth part of the head was felt high up in the hollow of the sacrum; the os uteri was not fully dilated; it surrounded the whole of the presenting part. I advised the medical attendant to pass the catheter and empty the bladder, which contained a very considerable quantity of urine. This was done with difficulty. It seemed prudent to wait some hours, to see what course the case would take. At 2 p.m. the pains had entirely ceased, there had been no progress whatever made, and there appeared no prospect of doing anything but mischief with the forceps. It was accordingly determined to lessen and extract the head, to save the patient from the alarming condition in which she was. In spite of every care, the perinæum was lacerated, but not to a great extent; the pulse continued extremely rapid after the delivery, and in twenty-four hours all the symptoms of acute peritonitis supervened, and the case terminated fatally. If there was any mistake committed in this case, it was in leaving this patient too long in labour, in the hope of saving the life of the child.

Case 191.—On September 27th, 1857, I was requested to see a lady near Fulham, æt. 30, who had been forty-eight hours in her first labour. A great part of the head was within the pelvis, there was retention of urine, and great difficulty was experienced in introducing the catheter; the vaginal and all the external parts were prodigiously swollen, and the pains had entirely ceased; the head also was swollen. There were two very experienced and judicious practitioners in attendance upon the patient, and after due reflection we arrived at the conclusion that the forceps could not be applied without the utmost danger to the mother, and we could not be certain that the child was alive. The tongue furred; the

pulse extremely rapid; the necessity for immediate delivery obvious. I lessened the head, and extracting it took every precaution to avoid contusing the soft parts further. After a tedious operation, it was at last safely accomplished, and the patient recovered very favorably. On October 6th I was informed that there "had not been a bad symptom." We were all pleased that the parts did not slough.

Case 192.—On Wednesday, October 7th, 1857, at 2 p.m., I received the following note from a medical practitioner:—"I have here a very tedious case of labour, which, I fear, will require some interference. Would you kindly come to me in this difficulty as soon as you conveniently can this afternoon?" The patient was thirty years of age, it was the first labour, and the head was presenting; the labour had commenced thirty hours before, with rupture of the membranes. The pains had been gradually becoming weaker; the forehead of the child was under the symphysis pubis; an ear could not be felt; an attempt was made to deliver with the forceps, but this having failed, the head was lessened and extracted. It was soon afterwards discovered that there was a second child; I immediately passed up my right hand into the uterus, ruptured the membranes, brought down the lower extremities, and delivered without difficulty. This child, a boy, was born alive. The placentæ adhered. I passed up the hand again into the uterus, detached them, and took them away. No hæmorrhage of any consequence followed; the patient recovered most favorably. The boy born on this occasion succeeded to an estate not many months after his birth.

Case 193.—On November 22nd, 1857, I saw a patient in Long Acre who had been long in labour, upwards of thirty hours, with her first child. Four

full doses of infusion of ergot of rye, with Spiritus Ammoniæ compositus, had been given. A large loop of the umbilical cord, destitute of pulsation, was in the vagina; the head had not passed through the brim of the pelvis; the child being dead, and the forceps never being justifiable except where there is every reason to believe that the child is alive, I recommended that the patient should be immediately delivered with the perforator and crotchet. The pelvis being distorted, even if the child had been alive I should have urged the necessity of immediate delivery by this method, as the only means of relieving the patient, and obviating the danger with which she was threatened. Under the circumstances, and as there was no advantage to be derived from leaving her longer in labour, but the contrary, I proceeded, with the full approbation of her medical attendant, who had at first proposed to employ the forceps, to open and extract the head. I would not allow chloroform to be given to make her insensible, which was also proposed, because consciousness is a safeguard to patients in all the operations of midwifery. Recovery favorable.

Case 194.—On Sunday, the 7th February, 1858, I saw in consultation a lady who was in the sixth month of pregnancy, and had been rather suddenly seized with sense of distension about the abdomen and great faintness. Not very long after, hæmorrhage. Internal hæmorrhage had been going on. Blood began to escape profusely from the vagina. When Mr. —— arrived, about 4 o'clock in the afternoon, there was an enormous quantity of blood lost, and there was no pain. She was in an alarming condition. The os uteri was open, and the bag of membranes presenting. He ruptured these. I was called to see the patient about 5.30. The pulse could scarcely be felt. There was great sickness at stomach; some pain. It was at first doubtful if the head presented. It was soon

ascertained, from feeling a parietal bone, that it was the head. I gently dilated the os uteri, and the head came through, and soon after the whole child passed, and immediately after the placenta, which was in a morbid state. It appeared to us that the whole placenta had been detached from the uterus about the time the hæmorrhage occurred. A strong compress and binder were applied, and strong pressure made over the uterus, and ice applied to the external parts and introduced within the vagina. Brandy and ammonia were administered in large quantities, but the hæmorrhage went on, and she began to sink. The pulse, in fact, never recovered. It could hardly from the first be felt, and gradually could not be felt at all. Vomiting continued, and she died at 7.30 p.m. In reflecting upon this case I am not satisfied that the proper treatment was pursued, and believe that the unfortunate result might have been prevented if the delivery had been completed immediately after the first occurrence of the internal and external flooding. It would not have been advisable, under the circumstances, to have delivered by turning.

Case 195.—On the 19th March, 1858, I saw a lady in consultation with Mr. ——. The head and funis presented, and the pulsations in the cord were continuing and strong. There was only a small portion of the funis down. The parts were very dilatable. Pains feeble. We thought the life of the child would not be preserved by the operation of turning, and that the life of the mother might be destroyed by the operation. The head was not sufficiently far advanced to allow of the forceps being employed. We resolved, therefore, to leave the case altogether to nature. The labour lasted the whole day, but at 9 p.m. the child was born alive.

Case 196.—At 8 p.m., on the 27th April, 1858, I

was called to a patient who had been in labour nearly twenty-four hours. The os uteri was not more than half dilated. It was the first pregnancy. There was a pair of common short midwifery forceps upon the table, but I was not informed that an attempt had been made to apply the blades. Their appearance made me believe they had. The umbilical cord, without pulsation, was hanging out of the vagina. The child being dead and the patient much exhausted, I proceeded at once to deliver with the perforator and crotchet. The os uteri yielded with difficulty, but the patient was safely delivered and had a good recovery.

Case 197.—At 10 p.m., Saturday, the 2nd of May, 1858, Mrs —— was seized with profuse uterine hæmorrhage, in the sixth month of pregnancy. Mr. —— was called, and he applied vinegar and water, but the hæmorrhage did not cease. At 5 a.m. Sunday morning Mr. —— was again sent for, the hæmorrhage continuing, with great faintness. At 6 a.m. I saw the patient, who had a very rapid, feeble pulse, was pale and faint, and evidently in the greatest danger. The os uteri was not sufficiently dilated to admit two fingers. With one I felt the membranes all round, and could feel no part of the placenta. Mr. —— made pressure over the fundus uteri, and I endeavoured to rupture the membranes, but did not at first succeed. I felt a foot of the child, but could not for some time lay hold of it, not indeed till I had introduced the fore and middle fingers, then I grasped it, and the membranes gave way, and a great quantity of liquor amnii escaped. No difficulty was then experienced in drawing down the leg and trunk, arms and head, and the placenta soon followed. The uterus contracted, and I left the house at 7.30 with every prospect that the patient would recover; she seemed cheerful. At 10 a.m. I was again called, and found her moribund. Very little hæmorrhage had followed the delivery.

Case 198.—On the 19th of June, 1858, I was requested by Mr. ——, of Barnet, to see "a patient considerably advanced in pregnancy, suffering extremely from enormous distension of the uterus. The case puzzles me so much that I shall be glad of your opinion if you can arrange to see her to-day." The abdomen was extremely distended, as much so as it is ever seen in cases of ascites and ovarian cysts and tumours. The upper part was extremely hard. Between the upper and lower part of the abdomen a distinct fluctuation was felt. It was not distinctly felt from side to side. The os uteri was felt immediately behind the symphysis pubis. I passed the finger through it, and felt a bag of membranes. There was no great difficulty in passing the stiletted catheter and puncturing the membranes. Eight pints of liquor amnii escaped. The abdomen after this became comparatively flaccid. The head of the fœtus could now be felt. On the 28th June Mr. —— informed me that nothing had happened from the time the water was drawn off till 2 in the morning. Labour pains were then fully established. The head presented rather high up in the brim of the pelvis. At 6 the head was on the perinæum, and it did not pass without some artificial help with the hand, introduced into the vagina. The face presented. The child was dead and dropsical. Difficulty was experienced in extracting the body, which was dropsical. From the great size of the abdomen it was suspected that there was another child, but there was not. The placenta was of enormous size, and weighed fourteen pounds. The patient recovered favorably.

Case 199.—About 2 o'clock in the morning of June 28th, 1858, Mrs. ——, in the eighth and a half month of pregnancy, and after suffering some uneasiness about the abdomen, had a profuse discharge of blood from the uterus. About four pints were lost. There

was no faintness produced by this, and no labour pains. At 1.30 p.m. I saw Mrs. —— with Dr. ——, of Harrington Square, who had been called soon after the occurrence; made an examination, but could not reach the os uteri, it was so high up. There was no faintness, the pulse was not very rapid or feeble, and there were no labour pains, and the flooding had ceased. We had reason to suspect that the placenta was adhering to the neck of the uterus; but on making an examination, the os uteri was so high up that the fact could not be ascertained without passing the whole hand into the vagina, which I thought it advisable not to do, lest the hæmorrhage should be renewed. I regretted afterwards that this had not been done, for the neglect left the nature of the case doubtful, and when I quitted the house it was not known whether it was a case of placental presentation or what is usually termed accidental uterine hæmorrhage. The following letter contains an account of what afterwards took place. In the first labour this patient had been delivered with the perforator and crotchet. In the second the arm presented. I performed the operation of turning, and the child is now alive.

"I wish briefly to report the progress and termination of Mrs. ——'s case. During the remainder of yesterday she remained tranquil, without pain or bleeding. I left her at 12, midnight; at 1, I was sent for, and found the bleeding most profuse. I carefully introduced my hand. The os was flaccid, and easily dilated to any extent; shoulder presenting; ruptured the membranes, and with very little manipulation got the head in its right position; placenta not to be felt. I administered at 2 o'clock a dose of ergot infusion, and good pains followed within ten minutes. So soon as the head had reached the vagina the pains became feeble, and threatened a total cessation, upon which I applied the forceps, and by gentle traction obtained

delivery at 3.30; child dead. Mother, considering the enormous quantity of blood lost, doing well. A large bladder of ice over the abdomen, immediately after the birth of the child, appeared to quickly arrest the hæmorrhage and produce firm contraction of the uterus."

Case 200.—The details of this case have been furnished by Mr. Charles Hunter, late house-surgeon to St. George's Hospital. "The particulars of the placenta prævia case that I called you in to are as follows:—Mrs. ——, æt. 32, Raphael Street, a mother of nine children, expected to be confined on the first or second week of November, 1855, of a tenth. On Saturday, September 22nd, I was sent for, as the woman had passed some blood per vaginam while asleep, and found a clot there on waking. An examination per vaginam showed the os uteri to be very high up and undilated, and something softer than the head could just be felt with the finger in the uterus. September 29th.—Every day up to this time she had passed a small quantity of blood, not more than when menstruating. 9 p.m.—To-day, however, in a very short space of time, she passed half a chamber-potful of blood and clots, after having been standing about for some time. On examination, found the vagina full of clots, and distinctly felt the placenta (within the os uteri), with its characteristic half soft, half fibrous, feel. 10.30 p.m.—The os uteri was dilated so as to admit the end of three fingers, the os uteri being directed considerably backwards. At this time the pulse was about 100, and rather sharp. The woman felt no faintness; there had been no labour pains worthy the name. 12 p.m.—Dr. Lee arrived, having been just sent for. Examined, found the placenta was more over the anterior than the posterior part of the neck of uterus, and that the head was to be felt through the anterior portion of the placenta. The pains since 10 p.m. were few in

number, and like after-pains. A little brandy having been administered, Dr. Lee immediately passed his hand into the lower part of vagina, and two fingers through the os uteri up in front of the placenta, between it and the anterior wall (breaking through only a small portion of the placenta); felt the head, ruptured the membranes behind it, found an arm, moved it aside, seized a foot, and brought it down through the os uteri. (All this took place in less than three minutes.) The further extraction of the child took about a quarter of an hour. The child lived, although not much (apparently) above seven months. The mother after the delivery was extremely weak, the pulse at times being scarcely perceptible. As bleeding to some extent went on, she required careful watching, etc., for two or three hours. The next day had passed a bad night, sleeping little. After-pains very bad; had not made water, and had great tenderness over uterine region; discharge of blood per vaginam not much; pulse 100. October 1st.—Great tenderness even to the touch of the abdomen; after-pains very severe; headache; sleepless; thirst; dry tongue; very weak; pulse 120. 2nd.—These symptoms were better in the morning, but got worse again in the evening. 3rd.—From this time the symptoms of peritoneal complication diminished, and strength improved. 12th.—She passed a large quantity of clots of blood, and this again weakened her much, each movement bringing on a fresh discharge of blood. Acetate of lead and opium, with cold, remedied this. 15th.—Began the am. tartrate of iron, and from this time she improved, and in a few weeks was up and well."

Case 201.—At 11 a.m., July 13, 1858, Dr. —— requested me to go to Norwood and assist him with a case of great flooding near the full period. I found the patient—the mother of fifteen children—extremely faint; a small, rapid pulse, scarcely to be felt; a great

quantity of blood had been lost during the morning; a great number of napkins saturated with blood, and masses of coagula. The discharge had first commenced spontaneously a month before. At first it was in small quantity; it had returned repeatedly, and very profusely. A portion of the placenta was protruding through the os uteri, which was dilated sufficiently to admit the tips of three fingers; the margin of the os uteri thin, but rigid. I took off my coat, passed up the right hand into the vagina, two fingers through the os uteri, and felt the placenta adhering extensively. I pressed the fingers forward between the placenta and uterus on the fore part; came in contact with the head and one of the arms; could not touch a lower extremity without introducing the whole hand into the uterus, which was done slowly, but with a good deal of difficulty; I then soon seized a foot, and brought into the vagina. A good deal of time and force were required to bring down the breech. The os uteri would not allow it to pass. At last it did, and soon after the nates, arms, and head. The placenta was immediately removed, but the hæmorrhage did not cease. An immense gush of arterial blood followed when the placenta was under the bed; the binder and pad were applied, and vinegar and water; ice could not be procured. The flooding went on, and there being no sponge at hand, a dry, soft napkin was introduced into the vagina, and pressed up firmly against the os uteri. Great faintness, but it went off; and I left her, promising to do well, but the result was unfortunate, as stated in the following letter from Dr. ——:

"————; *July* 16*th*, 1858.

"You will be sorry to hear that Mrs. —— is dead. Tuesday I removed the plug, and there was no hæmorrhage; neither was there up to 1 p.m. to-day to speak of, a mere trace. She took a little nourishment, and was cheerful, and spoke hopefully; but she evidently

had caught cold, and was troubled with a frequent slight cough, which increased the pain she experienced from the first in the abdomen, but which was now severe. Yesterday she complained of her head aching, which I thought proceeded from a little Syr. Papav. which I had given her with some Oxym. Scillæ, and I therefore left it off, and told her to take a dose of castor-oil this morning. She did so, and the bowels acted three or four times slightly by 9 o'clock; no hæmorrhage. My assistant saw her about noon, and found her doing well, she herself remarking how well she felt. About an hour later she called the nurse who was not in the room, and said she was bleeding. Cold cloths were immediately applied, and they sent off for me. I happened to be just coming in, and galloped down directly. I found she had lost about a pint and a-half of fluid blood. I immediately grasped the womb, and a clot about four or five ounces was expelled, and no fluid blood. I plugged the vagina, and put on a bandage as tight as possible, and there was no more bleeding, but she was very pale, though partly sensible, and I got her to drink at intervals nearly a pint of brandy and lemonade, which she preferred. She gradually sank, and died without a struggle in about an hour. I have no time to add more at present than that I am, ——."

Case 202.—4th August, 1858.—A most formidable case of craniotomy occurred in Bishop's Road with Mr. ——. The difficulty arose from a tumour in the posterior wall of the uterus, which afterwards sloughed, and came away, and the patient recovered. At first the difficulty in reaching the head was so great, that it seemed impossible by any means to extract it, and great and long-continued efforts were required to accomplish this.

Case 203.—On the 16th August, 1858, I was

called to deliver in a case of arm presentation. The arm had been long hanging out of the vagina, and Mr. —— had made many fruitless attempts to turn the child. I did not meet with very great difficulty in safely turning the child, though the uterus was contracted around the body rather firmly. It was proposed to render the patient insensible with chloroform, but I would not consent to its administration. The hand was passed up in the most slow and cautious manner, and the uterus sustained no injury.

Case 204.—On the 18th August, 1858, I saw a lady, æt. 40, suffering from prolapsus uteri. Sixteen years before she had a "dreadful confinement," and never afterwards had known what it was to enjoy good health. The forceps was employed by a practitioner in the country, and the perineum extensively lacerated. It had been torn close to the anus. The child was alive, she has since had six children stillborn.

Case 205.—Mrs. ——, æt. 40, 23rd August, 1858. —At 10.30 p.m., Monday, I was called to see this patient, and informed that she had been in labour since Saturday morning. "The head," said the medical attendant, "is on the perinæum. The pains have gone off, and she looks well, but the pulse is 120, and there has been no progress for twelve hours. When the membranes gave way not precisely known, nor when the os uteri was fully dilated." 11 p.m., rapid pulse. No pain; the pains entirely gone. The head pressing upon the perineum. The external parts partially dilated; ear behind the symphysis pubis readily felt. There was a peculiar fetor of the discharge from the vagina. Sound of fœtal heart not heard. Had I been absolutely certain that the child was dead, I would not have applied the forceps, although it was a

favorable case for delivery with the forceps. The movements of the child had been but little felt during the day. I applied the blades of the forceps readily, and got the head nearly in the world when the perineum appearing to be in danger, I took off the blades, and by slight pressure with the fingers on the sides of the head, in place of the blades, easily extracted it. The skin of the abdomen was peeling off, a bloody fluid escaped from the nostrils and mouth. We judged that the child had been dead some time. The labour had commenced on Saturday, at 4 a.m., and went on all the Saturday, Sunday, and Monday, till Monday night at 11. Two ounces of chloroform had been given during Saturday and Sunday. Once she was nearly insensible. If any means, I observed at the time, could be discoveed by which the life or death of the child could be determined with certainty in cases of difficult labour, it would be a most important assistance in the treatment of cases of protracted labour.

Case 206.—On the 25th October, 1858, I saw a lady in consultation with Mr. ——, who had been delivered in the month of May by craniotomy, while in a state of insensibility from chloroform. It was her fourth or fifth labour. Sloughing had followed. There was no opening between the bladder and vagina, but there was an opening between the bladder and neck of the uterus, so that the urine was flowing through the os uteri. The os uteri was in a healthy condition, but the urine flowed through it constantly. With the speculum we saw the urine flowing through the os. It had been proposed to lay open the anterior part of the os uteri, reach the opening, and try to close the communication with the bladder. It had likewise been proposed to pare off the mucous membrane of the os uteri, seal up the os itself, and allow the menstrual fluid to flow through the bladder with the urine. I was subsequently informed that the os uteri

had been closed up, or that an attempt had been made to do so, without any good effect.

Case 207.—29th October, 1858.—Mrs. —— æt. 29.—In the sixth month of her first pregnancy. Went out to dinner last night at 8 p.m., in perfect health. After returning home was seized with vomiting, followed by convulsions, and during the whole of the day she has been unconscious and in convulsions. The os uteri extremely rigid. I tried with the finger to rupture the membranes, but did not succeed. She is now in a violent fit, totally insensible, distorted countenance; no symptom of labour. The os uteri only admitting the point of the finger, very rigid. V. S. ad ʒxii, leeches to the temples, two enemata. Hair removed, and ice applied to the head. 10 a.m., 30th.—The violence of the fit diminished after the V.S. and leeches. Was delivered this morning of a still-born child by the natural efforts. The convulsions have ceased, and she is perfectly tranquil. The membranes were ruptured by Mr. —— at 7 a.m. After this the fits went off. 9.30 a.m., 11th, pulse 70.—Consciousness returning. All the symptoms of puerperal mania followed, and lasted about a week, and then gradually subsided. Recovered.

Case 208.—On Sunday, the 5th December, 1858, I was requested by Mr. ——, of St. Leonard's, Mortlake, to see a patient under his care, who had been long in labour. She was æt. 30, it was her first pregnancy. The labour had commenced on the Friday afternoon. Mr. —— was sent for at 2 on Saturday morning. The liquor amnii had then escaped. The uterus was high up. The os could not be felt, and the presentation could not be ascertained. The labour went on till 9 a.m.; slight pains; still nothing could be ascertained. In the middle of the day, about 2 o'clock, the os could just be felt, and the head presenting; pains increased,

and it went on till 10 p.m. The os had then only been dilated sufficiently to allow the point of the finger to enter, and the dilatation went on gradually during the night. At 4.30 on Sunday morning, the head of the child had passed through the os uteri, but had not descended into the pelvis. From that time there had been no progress at all; the pains had been frequent and strong since 8 in the morning, but still there had been no progress. The patient was becoming greatly exhausted, and there was reason to fear that nature would not be equal to the task. Dr. —— had seen the patient, and was of opinion that the head was impacted in the pelvis, and that it should be left there a great while longer. The pulse is now rapid and feeble, pains still strong and regular. On applying the hand over the abdomen, I felt the bladder distended with urine, and proposed employing the catheter. There was very great swelling and redness of the external parts. The head was so firmly jammed in the brim of the pelvis, that the catheter could not be made to enter until I had introduced a finger into the vagina, and pressed the head away. Two pints of urine were then drawn off. The parts around the anus were livid. I inquired if chloroform had been given. The patient, on hearing the word, beseeched us not to give it to her, as she wished to retain her consciousness. She would endure any pain rather than be stupefied, and run the risk of being immediately sent into eternity unprepared. She assured us she would remain perfectly quiet, whatever suffering she might undergo, and she kept her word. The swollen state of the external parts, and vagina, rendered it unadvisable to attempt to deliver with the forceps. As the patient could not with safety be left longer in labour, the head was lessened and extracted. To accomplish this, great force and great care and patience, were required. I expected, after what had occurred, that extensive sloughing of the parts would follow, but fortunately

this did not take place in the slightest degree, and the recovery was most satisfactory.

Case 209.—On December 5th, 1858, I was requested by Dr. ——, of Isleworth, to see Mrs. ——, who was at the commencement of the ninth month of her first pregnancy and who had been seized with profuse uterine hæmorrhage a week before. The os uteri was so high up that Dr. —— could not reach it. The hæmorrhage had been going on at intervals during the week. I passed the forefinger, and with great difficulty reached the lips of the os uteri; I then introduced the fore and middle fingers within the os uteri, which was soft, and a little open, and felt with the middle finger a portion of placenta adhering to the posterior part and left side of the neck of the uterus. I recommended that no attempt should be made to deliver until the os uteri was more dilatable. At 3 a.m., 10th December, I saw the patient again with Dr. ——; the os uteri was then widely dilated, and regular labour pains had commenced. The placenta only presented partially. The head was felt, the membranes at the anterior part of the os uteri, and the placenta at the posterior part of the cervix. I recommended rupturing the membranes, which was immediately done. The head advanced quickly through the os uteri into the vagina; the hæmorrhage entirely ceased, and in a short time the head was expelled; the child was dead; the cord was twice round the neck; brandy and water were given liberally. The placenta soon came away; ergot was proposed but not given. Brandy was preferred. At 6 a.m. I left Isleworth, Mrs. —— being quite safe.

Case 210.—On December 15th, I was requested to see, in consultation, a patient in labour, in Park Street. The os uteri was fully dilated; slight pains; I felt a

foot in the upper part of the vagina ; I made slight traction upon the foot ; the leg gradually descended ; pains came on ; in two hours the nates passed ; no pulsation in the cord. The trunk was slowly drawn down, got one arm and then the other extracted ; some difficulty in getting the head through the os uteri. The fore and middle fingers of the left hand were introduced into the mouth and two fingers of the right hand over the back part of the neck extracted it : there was a profuse hæmorrhage before the placenta came away ; it ceased soon after the placenta was removed. The patient recovered favorably.

Case 211.—On December 20th, 1858, a medical practitioner called and informed me that he was attending a patient, in Piccadilly, seven months pregnant, who had profuse uterine hæmorrhage. I inquired if he had endeavoured to ascertain whether or not the placenta presented ; he said he had no doubt that the placenta did not present. I then recommended that he should immediately rupture the membranes. The hæmorrhage continuing, and there being alarming faintness, and the placenta felt within the os uteri, I was requested to see the patient. I found the posterior part of the os uteri occupied by the placenta, and the anterior part by the membranes. The head was felt through the membranes, which I ruptured, but the pains did not follow, and the hæmorrhage continued, and it seemed probable the patient would die if not immediately delivered. The os uteri was not in a favorable condition nor the patient for the operation of turning ; I therefore proceeded to open and extract the head, and this was not done without great difficulty, but at last it was accomplished. The placenta soon came away, the binder and pad were applied, and ice and pure brandy freely administered. The patient recovered slowly,

but ultimately did well, and has since been safely delivered of a living child.

Case 212.—December 24th, 1858, I was requested by Mr. ——, to see a patient seven and a half months pregnant, who had suddenly been seized with profuse uterine hæmorrhage three days before; there had been great faintness. Mr. —— had ascertained that the placenta presented. There had been a few slight labour pains. The patient was calling out loudly for chloroform, but brandy and water were given, and I immediately proceeded to deliver by turning. The os uteri was dilated to the size of a crown piece, but the whole hand could not be introduced without much force; the placenta was adhering all round. Not being able to get the fore and middle fingers between the placenta and uterus at any part, I thrust their points through the centre of the placenta and membranes, and they immediately came in contact with the head of the child; this was pushed aside, and then the fingers came in contact with an arm, which was also readily pushed aside and a foot seized, and in less than a minute the foot and leg were in the vagina. The breech was drawn down with some difficulty, and after the body and superior extremities were extracted, there was some difficulty in getting the head to pass through the os uteri. The placenta soon after came away, and everything was done to prevent further loss of blood; great exhaustion followed, and more brandy was given, and on the 25th the patient was recovering favorably, and ultimately got well.

Case 213.—December 27th, 1858, I was called to a case of difficult labour, in Robert Street, Hampstead Road. At 4 p.m. the head was pressing upon the perineum; the pains were regular, but feeble; the parts soft and yielding; the face was flushed, and the

pulse rapid. Mr. —— had been in attendance since the previous night at 10 o'clock. I could not discover the cause of the protraction. I recommended waiting four hours longer. At 8 p.m. there being no progress, and the pains having nearly ceased, and a cautious attempt to deliver with the forceps having failed, I employed the perforator, and the cause of the difficulty was then discovered. A great quantity of water rushed out, and the head then felt like an empty bag, and was easily extracted. The patient recovered favorably, but I felt greatly dissatisfied that I had not sooner ascertained that the fœtus had hydrocephalus; it was fortunate that rupture of the uterus did not take place.

Case 214.—September 29th, 1854.—Burton Ward. ——, married ten months ago. Three weeks ago she was taken with labour; was allowed to continue in labour from Thursday evening till the following Sunday, when delivery was accomplished by craniotomy; the long forceps had previously been used with violence. A large quantity of ergot of rye had also been administered by Mr. ——, and she had been seen by several medical men, during the labour, from a public institution near Pimlico. Soreness of the parts so great that an internal examination cannot be made. Urine escaping from the vagina. Sloughing going on with violent pain. Has not the least control over the urine; it does not continually dribble, but is displaced by the slightest exertion of the body. On the 6th, the slough which was emerging had come away. It is about the extent and thickness of half-a-crown, but irregular in shape. 14th.—So little tenderness that an examination was easily borne. A catheter having been passed into the bladder by the urethra, the finger passed quite to the end of the vagina comes into contact with at least an inch of the bare silver. 17th.—Going home, to return in

two months and undergo an operation, if such should be considered advisable. Did not come back.

Case 215.—On the 15th April, 1857, I saw a young married woman, in Burton Ward, who had been delivered, on the 21st, of a still-born child, after a protracted labour. The labour had lasted 105 hours. She was at first attended by a midwife, who gave ergot of rye. Four hours after, there being no progress, Dr. —— was called, and, "after remaining with the patient a quarter of an hour, left, stating that the child would probably be born in two hours," which actually took place. The placenta required to be removed artificially. The perinæum, the patient states, was not supported while the head was passing. The perinæum has been lacerated, but the rectum is not injured. She was able to retain her urine during two or three days after her delivery, but from that time to the present the urine has escaped from her unconsciously; it has passed from the vagina, and she cannot pass a drop from the urethra, which gives rise to great distress and soreness of the external parts. There was a profuse discharge of mucus and pus. "In the posterior wall of the bladder, about the middle part, and two inches from the external parts, is an opening, which just admits the tip of the little finger; and through this slit there is a free communication and with the bladder. There are adhesions between the anterior surface of the uterus and posterior wall of the bladder above this opening. On the right side, a nodule and uneven surface can be felt, which appears to be the os uteri, but, from adhesions between the uterus and walls of the vagina and bladder, the position and size, or condition of the uterus, cannot be satisfactorily made out." Her general health was improved during her residence in the hospital. On the 11th May she was able to retain a considerable quantity of it, and to pass it through the urethra.

Case 216.—On the 20th May, 1857, a woman, æt. 32, was admitted into Burton Ward, married ten years, four children. The first two were born alive at the full period, after very protracted labours. In the third, the operation of craniotomy was performed by Dr. ——, Physician to a Dispensary. This was five years ago. She recovered well from this confinement. Last July she again became pregnant, and having gone her full time, labour pains came on the 7th April, at 8 a.m., the membranes rupturing at this time. Mr. —— attended, and gave ergot of rye. The pains did not become very severe till the evening of the 9th. At 2.30 a.m., of the 10th, Dr. —— was called into consultation. He had been previously consulted, and had recommended the induction of premature labour at the seventh and a-half month. The patient was persuaded by Mr. —— not to have this done, and she went to the full time. Dr. ——, immediately on seeing the patient, and finding her to be in an alarming condition—the head jammed in the brim—delivered with the perforator and crotchet, and great force was required to draw the head into the pelvis. Sloughing followed upon the eighth day after delivery. To the present time the urine has been constantly escaping from the vagina. A small quantity, during the last week, has passed through the urethra. There is a fistulous opening between the bladder and vagina. She would not submit to any attempt being made by a surgeon of the hospital to close this up and returned home.

Case 217.—27th April, 1859.—Burton Ward, St. George's Hospital. ——, æt. 24, married, a healthy woman; was confined of her first child on the 7th February, 1859, in the country. Dr. ——, an assistant of Mr. —— attended her. The labour commenced at 4.30 a.m. on the 6th, and she was delivered naturally at 12.30

p.m. on the 7th (32 hours). The medical attendant brought instruments with him, but did not use them. He said, when it was born, that the child had been dead some time. Her pains were very feeble at first, but became very sharp towards the conclusion of the labour. The catheter was used once during the labour, but not since. In the night after her confinement, the urine and fæces came away involuntarily. The external parts were very sore, and she has never been able to retain the urine since, but the bowels have been very much confined. She has been using lotions and taking medicines prescribed by Dr. ——. Mr. —— never came to see her. 7th May.—A few days ago Mr. —— called on Dr. Lee, and told him that this patient was under the care of a midwife, and that when Dr. —— saw her she had been about twenty hours in labour. She felt satisfied she ought to be delivered, but the forceps could not be applied, and he was deterred from craniotomy in consequence of what had recently been said against the operation. Near the orifice of the vagina there is a firm cicatrix, which allows only the point of the finger to pass. In front there is a large communication with the bladder, which is felt just within this cicatrix, the greater part of the urethra being destroyed, so that the catheter bare, can be felt for about an inch and a half within the cicatrix; and being introduced with difficulty, a small quantity of urine escaped. May 26, "Discharged, as no operation could be attempted."—'Journal,' page 39. In a letter addressed to Dr. Lee, April 30th, 1859, Dr. —— stated that there was great difficulty in this case in delivering the body of the child. "I cannot think that there was any injury done during the delivery, as no force was used. If Dr. Lee intends to operate I would endeavour to come up from the country."

Case 218.—April 29th, 1859.—Burton Ward, St.

George's Hospital. ——, æt. 30, married; a healthy woman, who was confined of her first child the 13th April last. Mr. —— attended her. Labour commenced on the night of the 9th, when the liquor amnii escaped, but there was no pain; on the next night the pains of labour commenced, and continued very severe all night and next day until 10 p.m. on the 13th, when the child was born dead. Mr. —— was called in on the 13th, and saw her two or three times, and she thinks the labour was completed with instruments. There were no after-pains, but cramps in the legs and great soreness. In the same night the urine began to dribble away, and the bowels were very relaxed. This has continued ever since, the soreness increasing. July 30.—This patient remained until to-day in the hospital, and is no better able to hold her water and fæces. An operation was not considered practicable, therefore she was discharged. On the 4th May, 1859, I received the following report of this case from her medical attendant:—"Had a very lingering but not painful labour. My assistant was with her the first night, when the pains were regular, and the os uteri slowly dilated. The pains nearly left her on the following day, and she lingered on for many hours without any strong pains, the os becoming fully dilated, and the head steadily but very slowly advancing. I saw her from time to time, and soon found that the face presented towards the pubes; but as she had no fever, no quickness of pulse, and the head slowly advanced, without any vaginal heat or any bad symptoms, I allowed her labour to proceed. When the head made its escape naturally, a volume of extremely fetid gas was expelled. The child was dead, and, with a slight assistance of the blunt hook in the right axilla, the body was soon expelled. The placenta was quickly thrown off. No great prostration followed the labour. A great quantity of offensive fluid passed from the uterus, and her water passed in-

voluntarily. I passed a catheter, and ascertained that the bladder was empty. She took quinine, opium, and strong beef-tea from the first. If I can give you any further information I shall be glad."

Case 219.—At 8 p.m., September, 1857, I received the following note: "Will you do me the favour to accompany the bearer to the above address, and bring with you the long forceps and instruments for opening the head. I am, dear Sir, yours truly." I went immediately to the patient with the short forceps, the perforator, and the crotchet. I found two practitioners in attendance. The patient was twenty-eight years of age—it was the first pregnancy—and it was the end of the ninth month. The bones of the legs were bent from rickets in early life. When young she was run over by a carriage, and it has been supposed that the pelvis was injured. Labour had commenced at 10 o'clock the night before, and for several days previously, she had suffered from irregular pains. Mr. —— saw her early this morning, about 3 o'clock. He states that he found the os uteri very little dilated, and that the dilatation has been gradually progressing, and "now a bag of membranes is protruding." The os uteri I found fully dilated, the membranes protruding through the orifice. The head was felt through the membranes above the brim. I could, but with some difficulty, reach the base of the sacrum with the point of the fore-finger, and from this I inferred that the pelvis was only slightly distorted, and that if the head of the child was small it might pass through the brim and outlet without either the long or the short forceps. I recommended delaying for a time to see what nature could do, but entreated that the case might not be left too long to nature. Fourteen hours after, I was again desired to see the patient. I found her greatly exhausted, and the head so firmly impacted in the brim that no

hope remained that it would ever get through the brim without artificial assistance. It was agreed, in consultation with the other two practitioners in attendance, that to save the life of the mother it was necessary without delay to have recourse to the perforator and crotchet. After the use of the perforator, great and long-continued efforts were employed before I could succeed in bringing the head into the cavity of the pelvis. The delivery was at last safely accomplished, and the patient recovered in the most favorable manner. The Cæsarian operation was never mentioned by any one present.

Case 220.—On Friday, May 11th, 1858, I was requested to see Mrs. ——, at some distance from London, who was near the full period of pregnancy. I was informed that while taking a gentle drive she felt a discharge from the uterus, which was considered to be the liquor amnii. About 5 o'clock, there was a good deal of discharge, and some pain, and labour had commenced. A dead child was expelled about 8 o'clock, with the cord twice twisted round the neck. The placenta immediately followed, and a great discharge of fluid and coagulated blood. While the labour was going on the patient suddenly complained of a peculiar pain, and said she felt something within her give way, and from that time she complained of pain within her till the close of her life. I was called to see her at 3 in the morning of Saturday; the uterus was firmly contracted like a cricket-ball, but she was very faint, with cold extremities and hurried breathing; she was perfectly conscious, saw everything, had no giddiness, nor ringing in the ears, and such symptoms as are usually experienced in fatal cases of uterine hæmorrhage. No vomiting, as in cases of ruptured uterus. She complained of pain, but it was not in the uterus, but in the region of the stomach. From 3 to 5 o'clock it appeared, at times, as if she would have

recovered. Brandy and port wine were given in very large quantities, and retained upon the stomach. But faintness with hurried breathing again succeeded, and at 7 o'clock I left her in a moribund state. Pulse not to be felt—cold breath—cold extemities—eyelids half closed. Still, however, conscious.

Case 221.—On April 9th, 1858, Mrs. ——, æt. 28, in the fifth month of her first pregnancy, arrived in London from Singapore; and on the 10th consulted Dr. ——; she was in an exhausted condition, passing large quantities of pus with the urine. Dr. Allen received the following history of the case, drawn up by Dr. —— of Singapore, her last medical attendant:—"I was called to see Mrs. —— about the end of 1855, and found that although she was of spare habit, yet she had an abdominal protuberance which made her appear as if she were seven months pregnant. On examination, I found a tumour occupying the lower region of the abdomen, or rather to the left of the mesial line. It was hard, round, and slightly moveable, giving the idea of a tumour fully distended with fluid. The general health was not good, appetite spare, and none for breakfast. Bowels rather costive. Much weakness and lethargy were experienced, with a feeling of bearing down from the presence of the tumour. She was occasionally attacked with intermittent fever and neuralgia of the face, having had in India severe attacks of ague. Mixed with the urine, but afterwards deposited, was a copious white matter, which, after careful analysis, I found to be purulent. The history of the case was, that Mrs. —— was married on the 25th July, 1853. For some time previous she had been irregular in menstruation, both as regards time and quantity, and always it had been attended with pain. One month after marriage she noticed a tumour in the abdomen, which rapidly increased in

size, and was attended with much pain and tenderness on pressure. On reaching Calcutta, one medical gentleman pronounced her five months *enceinte;* another, that she had a fluid ovarian tumour. She then visited Penang in September, and in October, or November, noticed certain movements in the tumour which were painful and startling. Lady friends there thought her in the family way; but the medical practitioner who attended pronounced the tumour ovarian. Long after (but the exact time not known) the movements had ceased, she observed a white discharge in the urine, which continued until I saw her in November, 1855. Seven months after marriage the menstrual discharge had returned, and has continued pretty regular as to time until within the last four months, during which it has not appeared. After a careful consideration of the case, in 1855, I came to the conclusion that Mrs. —— had an ovarian tumour of a fluid nature, which was discharging itself by the bladder. At first, I thought the pus was excreted from the kidneys; afterwards, that there existed a communication between the sac and the bladder. My prognosis was that the sac was gradually emptying itself in a most unusual way, and that if the evacuation could only exceed the secretion, the patient would recover. My treatment consisted in strengthening the general system by tonics of iron and quinine; subduing local irritation by fomentations, leeches, and blisters, especially over the left ovary, where pain and tenderness were often complained of; encouraging the flow of the menstrual fluid; and maintaining gentle pressure over the tumour and abdomen generally by an elastic bandage. Occasionally I had to prescribe a mild alterative for bilary derangement, and frequently laxatives. Under this treatment Mrs. ——'s health improved very much, and the tumour diminished slowly, but perceptibly, until July, 1857, when severe pain was felt in the neck of the bladder

and meatus urinarius, with incesant calls to micturition. After this, profuse discharge took place from the urethra, to the amount of four tumblers of pus daily. This gradually diminished to seventeen tumblers in the month of October; eleven and a half in November; six in December, 1857; and now in January, 1858, there is little more than one ounce daily. The discharge varies in consistence—thin at one time, at another thick and greenish, and of a moist offensive odour; but the first was of thinner consistence than the last.—To the astonishment of the lady, and to my surprise, one day a large mass of hair, evidently fœtal, was abstracted from the urethra, affording great relief; and at future times several such masses of hair were abstracted, as well as small shreds of bone. I now, for several reasons, arrived at the conclusion that the communication with sac was not into the bladder, but into the urethra; and that the tumour was not an ovarian cyst, but an extra-uterine conception, which was gradually discharging itself by the urethra, having been by utero-decomposition completely broken up. The feelings of the patient, and the abdominal movements while in Penang were no doubt fœtal; and had the stethoscope been judiciously employed, the fœtal sounds must have been heard, and all doubt as to the case removed. But the opportunity was allowed to pass by, and the fœtus died in the sac in the abdominal parietes; and when I first examined the tumour, every symptom indicated an ovarian cyst, and it was not until the hair and the small fragments of bone presented themselves, that I acknowledged the movements felt in Penang to be fœtal, and the case to be one of extra-uterine conception. At present, in January, 1858, the tumour is felt in the lower region of the abdominal parietes, about the size of a large lemon. It shifts sometimes to the right or left of the mesial line, and increases and diminishes according to the collection of matter inside, which now averages

ten ounces daily. Some urethral irritation is still felt, but nothing to what has been. With the matter a large proportion of clotted blood passes, and occasionally a hair or two. For several months the menstrual discharge has passed, which, with the enlarged breasts, darkening of the areolæ, and a fulness about the uterine region, makes me suspect that the patient may be again in the family way. The treatment during the last six months has been to allay local irritation, subdue general excitement, and counteract the depressing effects of the excessive and putrefactive discharge. In addition to local fomentations, the patient was taught to introduce the catheter into the sac to draw off the discharge, and clear out the sac with warm water and tincture of opium—latterly, with warm water and a stimulating astringent injection composed of mectuo, myrrh, and lavender, with sulphate of zinc. I intended, when the hair had ceased to come away, and symptoms had shown that the contents had been discharged, to have injected with tincture of iodine, so as to have closed the sac; but owing to Mrs. ——'s departure, that or any other means must be done by others. Before any decided reduction of size had taken place, I recommended Mrs. —— to make three measurements of the abdomen. The highest, round the waist, and meeting at the umbilicus, was thirty-one inches and a half. The same was, in January, 1858, reduced to twenty-seven and a quarter. The second, passing about the hips, and meeting between the umbilicus and pubes, was reduced from thirty-four inches and a quarter to thirty-two inches and a half. The third, meeting over the pubes, fell from thirty-six and a quarter inches to thirty-three inches and a quarter. In short, Mrs. ——, while six months ago she had the appearance of being seven or eight months pregnant, has now no appearance of any abdominal enlargement. January 25, 1858."

From April 10th, 1858, to May 21st, Mrs. —— was

under the care of Dr. ——, and her sufferings during this period were intense; the pain she experienced chiefly arose from the passage through the urethra of numerous hairs coated with calcareous matter. Dr. —— made a collection of these calculi. Mrs. —— stated to Dr. ——, that while at Singapore, similar sharp-pointed and curved calcareous concretions were passed from the bladder, which set Dr. —— to conclude that there had been an extra-uterine conception, and that these were the bones of the fœtus which had been by utero-decomposition completely broken up. At 1 o'clock in the morning of May 1st, 1858, Mrs. —— was seized with puerperal convulsions. At 2 p.m. I saw her in consultation with Dr. ——; and at 3, the fits continuing with great violence, we agreed that delivery was the only means that could be employed. From the extreme rigidity of the os uteri, the delivery was not accomplished without the greatest difficulty; but we at last succeeded by our combined efforts in emptying the uterus. No convulsions followed the delivery, and consciousness returned; but she died two days after. I obtained permission, with the utmost difficulty, to examine the body, and did so in the presence of Dr. ——, and Dr. ——. The preparation of the uterus, ovarian cyst, and bladder, are now in my museum at St. George's Hospital. If the preparation be examined it will be seen that the uterus is in a healthy condition—that there is an ovarian cyst with thick walls on the left side, and that hairs are seen growing at one point from the lining membrane of the cyst,—and that there is a considerable opening, into which a bougie has been passed, between the cyst and the urinary bladder. The right ovarium displaced contained the corpus luteum. None of the hairs in the cyst were coated with calcareous matter; but all those found in the bladder, and all that had escaped through the urethra during life, were incrusted with ammo-

niaco-magnesian phosphates. This is stated on the authority of Dr. ——. An account of this and other case, has been published in a paper entitled, "On the Nature of Ovarian Cysts, which contain Teeth, Hair, and Fatty Matter," in vol. xliii of the 'Medico-Chirurgical Transactions.'

Case 222.—7th January, 1859.—Mrs. A——'s first labour commenced on Thursday afternoon. I remained all the night, during which there was frequent pain, but the progress very slight. In the morning the os uteri not half dilated. Membranes unruptured. Complained frequently of headache, and in a nervous state on account of the fatal illness under which her sister is labouring. Friday the labour went on without the head descending much. Friday night I remained with the patient. At 1 a.m., ruptured the membranes. Confusion of head, pains entirely ceased. No pain till 7, when there was an alarming state of anxiety and despondency. Os uteri not fully dilated. It was obviously unsafe to allow the labour to go on longer, and no hope that the child would even be expelled by the natural efforts. After a consultation with Mr. ———, the head was opened and extracted. Great force required to do this. The placenta came away in a short time, and the patient recovered favorably and has since been delivered of a living child at the full period. We did not think of the operation of turning in this case or of the long forceps, or the Cæsarean section.

Case 223.—14th January, 1859.—At 10 p.m. I was called by Mr. —— to see a lady in a dangerous condition from uterine hæmorrhage. The following is the note in short-hand which I made of the case in the house, before seeing the patient. "After rather more than usual exertion had a considerable discharge of blood six weeks ago. It had ceased before Mr. —— arrived, and she was

not very faint. It returned about fourteen days after to a slight extent, and was not accompanied with faintness, and soon ceased. Yesterday, Thursday, it again occurred to a considerable extent, and she nearly fainted completely away; a plug and sponge were introduced, and there has been only a slight external discharge this morning since, but when the handkerchief was removed to pass water, there was some. This evening Mr. —— found her rather faint, and feeling sick, which had been the case for an hour. The plug has not been removed, the os uteri being high up. It has not been possible to ascertain whether the placenta be presenting or not. This is the point now to be ascertained." The pulse was feeble and intermitting. The os is not much opened, but I think the placenta can be felt adhering to it. It is not very thick or rigid, but it is not sufficiently dilated or dilatable to allow the hand to pass without danger of inflicting some injury upon it. The whole hand could not be introduced with safety. Two fingers, the fore and middle of the right hand were pushsd through the placenta on the right side, and pressed forward to the membranes. An arm was felt; the membranes could not be ruptured, and it was fortunate the membranes did not give way to the attempts which I made to tear them with the fingers. I succeeded in turning the child round and getting hold of a foot. I seized this with the two fingers, then the membranes gave way, and in a very short time the foot was in the vagina, the breech was very slowly drawn down, natural pains came on, the trunk and upper extremities were extracted slowly, then the head without difficulty. Two fingers of the left hand were put into the mouth, and two of the right over the back part of the neck, and the head drawn through. The child did not at first breathe, but afterwards it did. The bleeding ceased. The binder was strongly applied. The placenta did not immediately come away, then it was

removed. I left the patient and child apparently doing well. An account of the unfortunate termination of this case was communicated to me by Mr. —— in the following note: — "*January 20th*, 1859.—You will be sorry to hear that our patient, Mrs. ——, died during last night, or rather this morning, never having rallied from the shock of delivery. She remained very faint and sick during the whole of Friday night, but towards morning had some quiet sleep, and seemed to awake refreshed. No hæmorrhage took place excepting about an hour after delivery, when she raised herself in the act of vomiting, a sudden gush took place, but not to any extent, and the reapplication of the binder with a pad over the fundus uteri prevented any further discharge. During Saturday there was considerable after-pains, and at night she had a dose of Liquor Opii Sedatio, and slept well, and woke free from pain, but was much exhausted during the day, the pulse never lessening its frequency nor increasing in power. On Saturday evening the pain returned, and there was slight tenderness over the region of the uterus. I repeated the opiate, and ordered hot fomentations, and found in the morning that she had passed a comfortable night; the pain and tenderness had subsided, a pretty firm coagulum having been expelled, and a tolerably free secretion of milk had appeared. Indeed every symptom, except the pulse, which remained the same, seemed very favorable, but towards evening she became again much exhausted and faint, and very restless. I ordered the opiate to be repeated, and also a mixture containing chlorine, æther, and ammonia, at intervals. On Tuesday I found that though she had had a quiet night, with frequent intervals of sleep, she was evidently sinking, which she continued to do until last night, without the slightest attempt at reaction. I hoped to have seen you on Tuesday, but could not get to the hospital at the time of your visit. I enclose

the memoranda you made of the case on Friday night, as they may be of interest to you. With kind regards and many thanks I am, my dear Sir, yours faithfully, ———."

Case 224.—On the 25th January, 1859, I saw Mrs. ——, at a distance from London, with Dr. A——. She had been delivered about a week before of her first child, with the forceps. As the head of the child was passing she made a slight movement, and the perinæum was lacerated, but not extensively. For some days she seemed to recover favorably, but fever set in, and, when I saw her, she had sore throat and an eruption all over the body and extremities, like scarlet fever. The pulse was excessively rapid, and I thought she would probably die. Sloughing of the perinæum and vagina had taken place. An attack of phlegmasia dolens took place in the left lower extremity. She recovered with great difficulty, and I heard nothing further of the patient till 11.30 Friday night, the 4th May, 1860. Dr. A—— informed me that the labour commenced early in the morning, and that there was a firm cicatrix all round the orifice of the vagina, and that he thought the head would never pass through this contracted part. The pains had long been violent, and there seemed no hope that the part would ever yield to the pressure, and that the uterus would be ruptured before this took place. The cicatrix was too thick and extensive to lead us to hope that it was possible to divide them with the knife, and that the head would pass. There was no room to pass the blades of the forceps through the contracted entrance to the vagina. We agreed that immediate delivery was absolutely necessary, and that this could only be safely accomplished by opening the head and lessening its size. This was done, and great and long-continued traction was made with the crotchet, and it would not pass. I then employed the craniotomy forceps, and

got a firm hold of the bones and integuments, I believe the parietal bones, and after the employment of great force, the contracted part gave way behind, but to no great extent, and the head escaped,—the bones all literally crushed to pieces. I wrapped up the head in a napkin, and easily extracted the shoulders and the trunk. The placenta soon came away, and I left the patient at 2 o'clock, doing well.

Case 225.—On the 11th February, 1859, I was requested to go into the country to see a lady who had been seized with uterine hæmorrhage near the full period of pregnancy. I found two very experienced medical practitioners, anxiously watching the patient. I was informed by them that about a month before hæmorrhage had taken place, but to no great extent, and had produced no effect upon the constitution. There was no cause to which it could be attributed. Mrs. —— was then expecting to be confined on the 18th February. She kept upon the sofa for a few days, and then drove out in the carriage as usual. At the end of another fortnight (the Sunday), without any fatigue, the hæmorrhage returned, and a coagulum of two or three ounces was expelled, followed by some thin aqueous discharge, which Mr. —— thought was the liquor amnii tinged with blood. No pains of labour. There was a little dark-brownish discharge during the next week. No more hæmorrhage. Yesterday forenoon, about 11 a.m., sudden hæmorrhage, when she was lying upon the sofa. No pain. Several large coagula were expelled, and a considerable quantity of fluid blood. She looked pale after this, but did not faint, and not much impression was produced upon the pulse. Mr. —— made an examination, but the os uteri was so high up that it could not be reached. At 1.30 another medical practitioner was requested to come to the house, and see the patient. They agreed to introduce a plug saturated with alum,

and to apply a binder round the abdomen, and give some gallic acid. The hæmorrhage ceased. I saw Mrs. —— about 10 p.m. The pulse was weak, she was not faint. I heard the fœtal heart distinctly, and the placental sound the lower and left side of the uterus. I inferred from this that the placenta was low down, and that it would turn out to be a case of placental presentation. The manner in which the hæmorrhage had occurred would of itself have led to this suspicion. During last night there were feeble labour pains like those of labour. 11th February, afternoon.—Mrs. —— had not much sleep, but passed a tolerable night, was in good spirits, and the pulse moderately strong. The great question now to be decided is, shall we remove the plug; at 2 o'clock it had been introduced twenty-four hours, and ascertain how the case stands, and determine what practice ought to be adopted. At 2 the plug was removed, and the fact ascertained that the placenta was all over the os uteri. We remained in attendance, and a little before 6 o'clock Mr. —— ran down stairs and informed us that the liquor amnii was escaping. There was an immense discharge of blood. I immediately introduced the hand to turn and deliver, passed two fingers on the right side of the placenta, and seized a foot without difficulty, but great difficulty was experienced in drawing the nates through the os uteri, so firmly did the os uteri contract upon it. At last the trunk, upper extremities, and head were drawn through. A quantity of blood escaped, as if a bucket of blood had been suddenly emptied after the head, the bed was in an instant inundated with blood, and the floor. Strong pressure was immediately made, the binder applied, strong stimulants liberally given, and the placenta removed, and cold in every form applied around the external parts within the vagina; the hæmorrhage continued with violence. A large sponge was introduced into the vagina, and masses of ice applied to the

external parts, and all round the pelvis, but in spite of all our efforts to save her life, death took place in less than four hours. The pulse ceased, and consciousness was lost; and the distressing scene usually witnessed in such melancholy cases rapidly followed. On reviewing the whole history of the case, we were satisfied that everything was done that was possible to preserve life.

Case 226.—February 18th, 1859.—A gentleman, residing at some distance from London, called upon me, and related the details of a case of uterine hæmorrhage in the latter months of pregnancy under his care, which gave him great anxiety. I expressed the opinion that it would prove to be a case of placental presentation, and recommended that he should watch the patient narrowly, and be prepared to deliver by turning, the instant he ascertained that the os uteri was in a state to allow the hand to pass. I cautioned him against the practice of tearing away the placenta when adherent to the neck of the uterus, and leaving that to take care of itself. After a time I received a letter communicating the result of the case, and thanking me for the suggestions I had made to him. From these, he said, "I derived at least some confidence and firmness of purpose at a very trying moment. The hæmorrhage continued to recur at intervals till the end of the eighth month, when a frightful unexpected attack came on in the middle of the night, and nobody at hand. I arrived in half an hour, the bed deluged with blood; the patient icy cold, and almost pulseless; the vagina filled with clots. Not a moment was to be lost, and in a few moments the good effects of turning were seen in the child and mother both saved, though the former was apparently lifeless when born, and all has since gone on well, except that the mother is blanched and very debilitated. What was provoking enough, I had slept in the house when not

wanted, and was sent for much too late when most required. With thanks for your counsel, believe me, &c."

Case 227.—24th March, 1859.—Mrs. —— was delivered a month before I was called to see her. The placenta had presented, and the operation of turning had been performed without difficulty in the usual manner, by her medical attendant, Mr. ——, of Turnham Green, who in the course of thirty years had met with ten or twelve similar cases. Though the operation in this case was completed without difficulty, in less than a quarter of an hour, a great quantity of blood had been lost, and the patient was left in an exhausted state, but for a time appeared to be recovering favorably, when crural phlebitis, with great swelling, took place on the right side, and then on the left, a week after. On the 23rd March, there were symptoms observed which excited alarm. The pulse was rapid and feeble, the breathing was unusually frequent, and there was wheezing in the upper part of the chest, with sore throat, furred tongue, sickness, and urgent thirst. On the evening of the 24th, the symptoms had become still more unfavorable, the face was œdematous, the tongue thickly coated in the centre, and brown, the tonsils, uvula, and palate lined with a white substance like a false membrane; quick breathing, mucous râle in the upper part of the lungs, especially on the left side; a wild expression of countenance, with much anxiety. Pulse very feeble, thirst very great, occasional sickness. The lower extremities were still very œdematous, there was no diarrhœa nor tympanitics. It appeared probable, that after delivery inflammation of the veins of the uterus at the cervix had taken place on the right side, which had extended along the internal to the external iliac and femoral veins; that the inflammation had subsequently affected the veins of the left side, and that it had spread along

the vena cava or other internal veins of the abdomen. The symptoms were considered to arise from phlebitis, and wine was considered proper, with stimulants and nourishment. Fomentations, warm linseed meal and mustard poultices were applied over the chest. On the 31st March, Mr. —— stated, in a note, that this patient had died the day before "in a rapid convulsion, after feeling much better, and entering into calculations about her removing from her room, &c. The general symptoms had not materially changed since you saw her."

Case 228.—On Tuesday, at 1 p.m., the 7th June, 1859, Mr. —— requested me to go with him to see a case of placental presentation in Little Dean Street, Soho. The patient was near the full period of pregnancy, she had been delivered before safely of eight children. Hæmorrhage had been going on for some days. As there was no pain, the os uteri dilated to the size of a crown piece, and the placenta was felt presenting, delay was considered proper. Mr. —— said she was now nearly dead. The countenance was as pale as death, pulse hardly to be felt. A large glass of pure brandy was given. I then examined and felt the placenta covering the whole orifice, and this not so dilatable as to allow the hand to be introduced. I took off my coat, passed the hand into the vagina, two fingers through the os uteri, forward between the placenta and uterus at the fore part, ruptured the membranes, felt the head, turned it aside; seized a leg, brought it into the vagina, there was no hæmorrhage after this. The whole had not been passsd through the os uteri; great force required to draw the breech of the child through the os and cervix. The os like a hard cord, the edge thin, danger of rupture. At last got the body and head through, removed the placenta. In a few months this patient was restored to her usual state of health.

Case 229.—On Monday, the 9th June, 1859, I was called by a gentleman to see a patient, the mother of eight children, who had a protracted labour. All the children large. Mr. —— had been called Sunday morning, at 4 o'clock, and found the os uteri fully dilated; the head presenting; liquor amnii had escaped. The labour went on the whole day and during the night, and though the pains were strong and regular, the head did not pass through the brim of the pelvis. At 8 a.m., Monday, Mr. —— came and informed me that anxiety was felt about the result of the case, and it was thought instruments would be required. I saw the patient at 1 p.m. The head had not passed through the brim of the pelvis completely, although when the pains came on, it advanced so far into the pelvis that an ear could be felt. When the pain went off, the head was so much above the brim that an ear could not be felt, and the hollow of the sacrum was empty. Mrs. —— had begun to be a little incoherent; the face was flushed and turgid, and her look wild and unnatural. There were twitchings about the limbs which Mr. —— thought were convulsive, and we were both apprehensive that if left much longer in labour she would be seized with convulsions. Mr. —— thought he could feel the ear above the brim, therefore the forceps was applicable; no part of the head had passed through the brim when there was no pain. The pulse was extremely rapid, and she seemed greatly exhausted. The brain became greatly disturbed, she thought the child was born, and that she saw it dressed. At 4 o'clock there had been no progress whatever. Mrs. —— had fallen asleep, but the breathing was stertorous; she was in a state of heavy stupor. The pains had nearly gone off, and it had become evident that the labour would never be completed by the natural efforts. The nates were immensely large. The head was still so high up that the blades of the short forceps could not have reached the head,

and the long forceps which I possess are never taken out of the lecture room of St. George's Hospital. I opened the head, and great force was required to extract it. The placenta soon came away, and all the alarming symptoms quickly disappeared.

Case 230.—June 24th, 1859.—Mrs. ——, æt. 40. The first labour was very protracted, and she was delivered with the long forceps by the gentleman in attendance. The child was dead, and she recovered slowly. The second labour came on a little before the full period, and the child being much smaller was born alive, and died five months after. She went to the full period in the third pregnancy. After being eighteen hours in intense labour, the os uteri never thoroughly opened, and the head did not pass through. It was then considered proper to perforate. After the head was emptied there was no great amount of force required to extract the head; but it was judged that if the volume of the head had not been diminished it could not have been drawn through. The recovery was somewhat tedious, but better than the first. Phlebitic inflammation followed, but she recovered upon the whole quickly. Mr. —— said he considered the operation to have saved her life. She recovered much better than after the first delivery. A miscarriage has since taken place. It is just seven months since the last appearance of the catamenia. There is every reason to believe that she is at the commencement of the seventh month, and the question now to be very maturely considered, is whether it would not be safer to induce premature labour than allow Mrs. —— to be exposed again to the danger she has already encountered. I can reach the base of the sacrum with the point of the forefinger, which would not be the case if the brim of the pelvis were not contracted in the short diameter. I would induce premature labour precisely one month from this time, viz., on the 24th

of July, by passing up the stiletted catheter very carefully, and opening the membranes. In the month of August, 1860, I was informed that premature labour had been induced, and that the child was born alive, and is now alive.

Case 231.—At the beginning of July, 1859, I was suddenly called to see a lady at Brentford, who had been delivered three weeks before, and apparently dying from some obscure disease of the heart. The labour had been perfectly natural. The following is an account of the morbid appearances, kindly furnished to me by her medical attendant:—"Upon inspecting the body of the late Mrs. ——, aged 39 years, on the 7th July, 1859, thirty hours post mortem, the following appearances presented themselves:—In cutting through the common integument it was much loaded with fat. Having cut through the cartilages of the ribs and turned back the sternum, the cavity of the chest was much interfered with, and contracted; the diaphragm being pushed up by the liver to the third rib on the right side, and to the fifth on the left. *Lungs* in no part adherent, they were small and crepitant throughout, but rather congested. An ounce of clear fluid without lymph was in the pericardium. *Heart* large, flabby in its muscular structure, pale and full of white striæ, in fact, in a state of fatty degeneration. The right side of the organ greatly distended with dark blood. *Stomach* large, its walls thin and distended with fluid. *The liver* large, friable, and easily broken down by the finger. *The spleen* natural, but completely overlapped by the left lobe of liver. *Gall-bladder* healthy. *Mesentery* loaded with fat. *The uterus* and its appendages, the *ovaries*, the *kidneys* and *bladder*, were all in a normal condition." The inspection was made by my son, Dr. —— in my presence.

Case 232.—On the 17th August, 1859, I was informed that Mrs. ——, Bromptom, had applied to Mr. —— about a month before, to engage him to attend her in her second confinement. Mr. —— informed me that she appeared larger than usual at the fifth month. Fourteen days before, she had sent for Mr. ——, she being supposed to be in labour. There were no pains except in the upper part of the abdomen. On making an internal examination, Mr. —— found that the os uteri could not be reached so as to determine its condition in a decided manner, and he suspected that the fluid was in the peritoneum. "There is now dropsy" he said, "and she appears sinking. Mr. —— and Mr. —— have seen her this morning." At 1.30 I saw the patient with Mr. —— and two other medical gentlemen. The abdomen was greatly distended; large blue veins; legs swollen; urine scanty. I could not hear any sound to assist in the diagnosis. I found the os uteri dilated, so as to allow the finger to be introduced, and I felt the membranes. They were so firm that I did not succeed in rupturing them with the finger. A gentleman present went for a set of male catheters; with one of these the membranes were pierced, and a bucketful of liquor amnii escaped, and the size of the abdomen became immediately much smaller; the head of the child was felt presenting.

"In an hour after you left," said Mr. ——, "I delivered our patient of a stillborn (six-months fœtus). Breech presented; the placenta came away; no hæmorrhage. Attached to the placenta was a large cyst, empty. I saw the patient this morning (18th). Not a bad symptom."

Case 233.—August 23rd, 1859, at 3 a.m., I was called by Dr. ——, to see Mrs. ——, who was seven months and a half pregnant, and had been seized with uterine hæmorrhage. Fourteen days before, she had fallen in

coming down stairs. Dr. —— informed me that the placenta presented, that he felt the membranes at the side of the placenta, and had ruptured them. The hæmorrhage, which had not been very profuse, was going on. The pulse was strong, and there was no faintness. I examined, and found the os uteri dilated to the size of a crown, and a portion of the placenta protruding through it. I recommended immediate delivery. Dr. —— agreed, took off his coat, and before proceeding to turn alluded to the practice of turning with two fingers, without the introduction of the whole hand through the os uteri. I urged immediate delivery. The introduction of the hand into the vagina gave pain, but the patient bore it well. He first felt the head. I said "Push it aside." He then said he felt the hand, and soon after he said he felt the heel, and in a very short time the foot was out of the vagina. The pulse continued good, and there was no faintness. The leg was slowly drawn out, the nates and trunk and upper extremities. Very considerable difficulty was experienced in extracting the head, though two fingers of the left hand were introduced into the mouth, and two fingers of the right hand were applied to the back of the neck. I begged that the extraction of the head might not be hurried, and it was not; still a good deal of force was required to extract it. At last, in about twenty minutes or less, it came suddenly through—the child stillborn. The binder and pad were firmly applied, and brandy given; pulse good; placenta came away; little or no hæmorrhage; but as the weather was hot and ice was on the table, several large pieces were applied to the nates and external parts. The patient was safe, but she was sadly afflicted that the child was not alive.

Case 234.—At 6 a.m., Tuesday, the 23rd July, 1860, I was called to see the same patient, who was

in the sixth month of pregnancy, and who had been seized with hæmorrhage from the uterus some hours before. Dr. —— was attending her, and he informed me that there had been labour pains when the hæmorrhage first occurred, but that they had entirely gone off. About one pint of blood had been lost; she was in a state of very great alarm, having nearly died from hæmorrhage, with placental presentation, about a year before. Dr. —— had examined, but the os uteri was so high up, and so little contracted, that he could not be certain whether the placenta again presented. I took off my coat and employed two fingers—fore and middle—to ascertain whether the placenta presented. The os uteri was not much dilated, but it was not very rigid, and permitted the two fingers to pass, and I distinctly felt the placenta adhering to the neck of the uterus, and ascertained that the head was not the presenting part, but whether it was an upper or lower extremity, I could not be quite certain. The patient begged we would not interfere, but on consideration Dr. —— and I thought no good could result from waiting; that the hæmorrhage would return. I recommended Dr. —— to take off his coat, pass the hand into the vagina, and get hold of a foot without passing the whole hand through the os uteri. "With two fingers you will have no difficulty in seizing a foot, drawing down the child, and extracting it." We gave the patient some brandy-and-water, instead of chloroform, which she requested to be given. Dr. —— proceeded. I went to the opposite side of the bed, begged her to put her arms round my shoulders, and not to move, and I held her steadily in her position. She screamed violently while the hand was being passed, but this did not take up much time, and in a minute or less Dr. —— said, "I have got hold of a foot." In a few minutes the child was delivered; a

little more brandy-and-water was given, and a strong binder firmly applied round the abdomen. We did not remove the placenta until the uterus had contracted and the placenta had been detached. In a quarter of an hour this took place, slight traction having been made upon the cord. The patient recovered favorably.

Case 235.—August 30th, 1859.—I was requested at 7.30 p.m. to go "immediately" to Kensington, to see a patient in labour. I went, and the gentleman in attendance informed me that the labour had commenced in the afternoon, and that there had been a great quantity of liquor amnii; that when he examined he felt a hand, but that the breech afterwards presented. That at 5.30, about two hours before, the trunk and extremities had been expelled, but that the head was remarkably large, and that he had not succeeded in extracting it. I found the trunk and extremities hanging externally, the child cold and dead. I took off my coat, turned up the sleeves of my shirt, made an examination, and found the head in the pelvis in the most favorable position for extraction. Two fingers of my left hand were put into the mouth, which was in the hollow of the sacrum; two fingers of the right hand applied to the back part of the neck. I begged Dr. —— to support the perinæum, and in a few moments, with the employment of very little force. Dr. —— put the question, "Would you apply the binder before the placenta comes away?" I had, immediately after the extraction of the head, applied the binder firmly around the body. The placenta soon came away, and no hæmorrhage followed.

Case 236.—At 5 a.m., Friday, September 9th, 1859, I was requested by Dr. —— to see a lady who

had been delivered at some distance from London of a dead child at the fourth and a half month, three weeks before. The placenta did not come away at the usual time, but there was no hæmorrhage, and Dr. —— stated that he gave on the third day after several doses of infusion of ergot of rye—ʒss. "After this the placenta was expelled without hæmorrhage." It was believed that the whole was expelled. Last Monday or Tuesday the patient was on the couch, and preparing to go to the sea-side, when a profuse flooding took place; it had recurred repeatedly, and the patient was reduced so low that it seemed she could hardly recover. Half a bottle of brandy had been given. "A pad and binder had not been applied, lest it should disturb the clot within the uterus." The extremities were cold; in the left arm the pulse could scarcely be felt; in the right there was no pulse. Eyelids half closed; mouth widely open, yet she could swallow and was conscious. Some brandy was given, which was immediately vomited. The uterus was felt above the brim of the pelvis; a pad and binder applied, and a napkin had been introduced into the vagina. This I removed. The upper part of the vagina was filled with coagula. These were removed, and the os uteri examined. Something could be felt within, which I had no doubt was a portion of placenta, although I had been informed that the whole placenta had escaped. I could pass the finger round this, but I felt a portion higher up within the uterus. I took off my coat, passed the whole hand into the vagina, introduced the fore and middle finger as far as possible within the uterus, and gradually succeeded in getting away the substance, which turned out to be a portion of placenta, not in a decomposed state. I could not reach anything further within the uterus. A large sponge was passed into the vagina, and pressed up firmly against the os uteri. Port wine and brandy were liberally

given, and I left the patient. September 14th. I was informed that she died at 6 p.m.

CASE 237.—On the 9th October, 1859, I saw a lady at Sydenham Hill, in a dying state. The feet and hands were cold, the pulse scarcely to be felt, and she was nearly insensible. The only words she uttered were "Let me die." She had been delivered thirteen days before, in a state of complete unconsciousness from chloroform. How much she had taken could not be ascertained. About the fourth day she was slightly delirious, with flatulence and pain of the abdomen. There had been diarrhœa, but no vomiting. She had been delivered twice before while insensible from chloroform, and had recovered without any unfavorable symptoms.

CASE 238.—Mrs. ——. Tuesday evening, November 1st, labour commenced. Os uteri very high up and little dilated; head presented. The pains continued at intervals, very regular, during the whole of Wednesday, Thursday, and Friday. The os uteri became softer and more dilated. On the Friday morning strong pains; child extremely high up in the abdomen. At 8 p.m., November 4th, pains strong and regular, but the orifice of the uterus very rigid, and not more dilated than the size of a crown-piece. The head still high up. Beginning to feel exhausted, not having had sleep for more than five hours since the Tuesday evening, I ruptured the membranes, and a great quantity of liquor amnii escaped. The pains then became more regular and forcing, and it appeared as if the orifice would in no long time become completely dilated, and the head enter the cavity of the pelvis. This, however, did not take place, and she became completely exhausted about 4 a.m. It then

became evident that the head would never pass without artificial help. I requested Mr. —— to see the patient with me, and after carefully weighing her condition—considering the want of progress, the almost entire cessation of pain—we felt satisfied that the only thing we could do was to open and extract the head. "None but a madman," said Mr. —— on the occasion, "would have dreamed of turning the child under such circumstances, or applying the long forceps." Great and long-continued efforts were required to extract the head with the crotchet, but it was at last accomplished safely, and the placenta gave no trouble. The patient recovered favorably.

Case 239.—On the 28th December, 1859, I was requested by a very experienced practitioner to see a case of protracted labour in South Moulton Street. The head of the child had remained ten hours fixed in the brim of the pelvis, which was contracted. There were violent pains, threatening rupture of the uterus; the idea of applying the long forceps, or forcing back the head and turning the child, could not for a moment be entertained. Her first child had been delivered by craniotomy. The second, a small child, born alive, with great difficulty, by the natural efforts. The last labour extremely protracted, and it was thought for many hours that it would not pass without the volume being lessened. From an early hour in the morning, Mr. —— had been in attendance on the case. The os uteri was fully dilated at 4 a.m. At 6 it was fixed fast in the brim, and no progress had been made. There was no chance of its ever passing through without the volume being diminished. This was done, and great and long-continued force required to draw the head into the pelvis.

Case 240.—At 4.30 a.m., December 29th, 1859, I

was called to a patient in labour whom I had previously engaged to attend. The os uteri was little dilated, the membranes were not ruptured, and I could not be certain that the head presented. It was doubtful during the forenoon whether it was the head or not. Even when the membranes gave way, it was still doubtful whether the head or nates presented. On making a very careful examination in the afternoon, it was ascertained to be the breech. There it remained five hours, though the pains were violent and the patient in a state of great excitement. Dr. —— saw the patient, and we thought it right to leave the case to nature for a time, and that some assistance might be given by drawing down a thigh. Dr. —— came, and he gave the same advice. I tried to pass a silk handkerchief over the thigh, but I could not succeed in doing this, it was so high up. Finding there was no hope that the nates would ever be expelled by the natural efforts, or by the means artificially employed, it was agreed that I should go home and bring my blunt hook, and that this, covered with a silk handkerchief, should be passed up over the groin. With this I soon succeeded in extracting the nates, but the trunk, upper extremities, and head, were extracted with great difficulty, and the child was stillborn. On reflection, I feel satisfied that this child could not have been delivered by any other means, at least I know of none, but the patient was inconsolable for the loss of the child ; and though she recovered most favorably, her confidence in me was gone. She became pregnant again, and I was informed that the presentation was preternatural, and that the child was stillborn.

Case 241.—January 6th, 1860.—A lady in the sixth or seventh month of her first pregnancy, after considerable exertion, from long walks, in addition to frequent

attendance on her dentist, had a sudden sanguineous discharge about a month before. With quietude and anodynes it soon stopped, and she was allowed to take a long journey into the country. On two occasions whilst there, after considerable exertion, much hæmorrhage again occurred. Her medical attendant feared "placenta prævia." The hæmorrhage having quite ceased for ten days, she returned home to the neighbourhood of London without any return of hæmorrhage. "I am anxious," said her medical attendant, "for your opinion as to the nature of her case." February 18th.—Mrs. —— is in the eighth month. During six weeks there had been repeated attacks of hæmorrhage, but not very profuse. Some days since it was ascertained that the placenta presented everywhere, and that the os uteri was not in a state to allow the operation of turning to be performed. There being no hæmorrhage, it was resolved to wait. This evening, felt very faint, for there had been a great hæmorrhage and slight pains. The os was more widely open; so much so, as to justify the attempt to turn. I passed the hand into the vagina, two fingers through the os uteri, pushed the head aside, and my fingers came in contact with a knee, but it was impossible to seize it, it was so high up within the uterus. It became necessary to pass the whole hand through the os uteri, which was done without much force, slowly and gradually; a foot was then seized, and the delivery accomplished. A great quantity of blood was lost during the operation, and after the extraction of the child the hæmorrhage continued. The placenta, being detached, was about a quarter of an hour after, but the hæmorrhage still continued; faintness soon followed, of the most alarming character. For nine hours there was scarcely any pulse to be felt; the face and extremities were cold; great sickness. The binder; cold; pure brandy and port wine were given pro-

fusely. On the 19th the forehead was warm; every other part of the body was cold. 20th.—Perfectly conscious; vomiting gone; pulse distinct; slight reaction. A tedious but perfect recovery.

Case 242.—At 3 a.m., Friday, January 13th, 1860, I saw a patient at Mortlake, with Mr. ——, who had been in labour forty-eight hours. The face of the child presented, and the head was wedged in the brim of the pelvis. Within and at the outlet of the pelvis the soft parts greatly compressed, swollen, red, and tender. Delivery was considered absolutely necessary, and it was agreed that no attempt should be made to deliver with the forceps. The head was opened and extracted, great force being required, and the patient recovered in the most favorable manner. Mr. —— informed me that he had never seen the forceps applied but once; great force was used. The patient was grievously injured, and died from the consequences of these injuries.

Case 243.—On the 9th or 10th of January I saw a patient in Westminister who had been prematurely delivered of a small child about three weeks before. Repeated ineffectual efforts had been made to extract the placenta, and a portion was left. Ergot had been employed without any advantage. I experienced some difficulty in getting two fingers within the uterus, but at last succeeded in drawing out the retained portion of placenta, which was in a very decomposed state. No hæmorrhage followed, but the patient died a few days after, with all the symptoms of uterine phlebitis. The rule is, that the placenta should be extracted in an hour or less after the birth of the child in all cases. Where it has been allowed to remain till the cervix is firmly contracted, it may be impossible to reach the placenta and withdraw it, especially in cases

of premature labour. It is astonishing how the uterus will yield to gentle, long-continued pressure of the fore and middle fingers.

Case 244.—On April 6th, 1860, Good Friday, at 10 a.m., Mr. ——, an experienced practitioner, called and requested me to accompany him to a protracted case of midwifery, which Mr. ——, a young accoucheur, was attending. In going I said, "I will see what Mr. —— knows of the practice of midwifery. He has just come from a school where I have every reason to believe unsound doctrines are taught, and where the teacher has derived his knowledge chiefly, if not entirely, from German and French books." Mr. —— said the accoucheur in attendance wished to apply the forceps, but he thought my opinion would be a satisfaction before it had been done. Mr. —— had seen the forceps applied not long before by an obstetric physician of great reputation, and the perinæum was extensively torn, and ever since the patient has suffered grievously from the injury. Before seeing the patient I begged the practitioner in charge of the patient to take a piece of paper and write a short history of the case in hand. He did so. "The patient's age was 38. The labour had commenced at 12.30, Wednesday. At 9 p.m. Mr. —— saw the patient, and the os uteri was not dilated more than the size of sixpence. The pains went off for a time. Last night, Thursday, at 9, os uteri fully dilated, and the head partly through the brim. Pains now become feeble, and less frequent. Pulse quiet. No progress whatever during the night. An ear not felt." Mr. —— then began stating that the occiput was near the left sacro-iliac symphysis, and that the sutures were running in a direction he could not describe. "Is the head through the brim?" I inquired. He said, "No; an ear cannot be felt." I said, "How would you proceed to apply the first

blade," which was in his hand, ready for use, "if you do not feel an ear?" I begged him again to examine, and say whether there was room in the anterior part of the pelvis to introduce a blade. "Can you pass a finger between the head and front of the pelvis?" Mr. —— said, "It is impacted; you cannot pass a finger between the head and pelvis." "If so, how can a blade be introduced?" The state of the patient's brain—she being at times incoherent—the offensive character of the discharge and the want of progress proved that immediate delivery was necessary, that she would never be delivered by the natural efforts, and Mr. —— urged a trial of the forceps. I inquired if he had ever employed the forceps. He at once admitted he never had, but stated that he had practised on the obstetric Dombey at the school where he was taught with the forceps, and he had no doubt he could use the instrument dextrously on the living body. It having been ascertained, from a small loop of the cord being felt along with the head, that the child was dead, the idea of delivery with the forceps was at once abandoned, and the head extracted with great difficulty after being lessened.

Case 245.—On April 16th, 1860, I saw a patient at Bermondsey who had been delivered with the forceps, and whose perinæum had been ruptured. There was extensive suppuration going on around the right hip-joint, and both legs and feet were swollen. I saw her again on the 19th, and thought she would not recover. What the result was I did not learn.

Case 246.—On July 20th, Sunday, at 8.15 a.m., I saw a patient at Wimbledon who had been in labour with her first child thirty hours, "The head presents; she still has strong pains, of an enhausting nature, which produce little effect upon the fœtus. I have

given opiates and ergot neither of which have tended to relieve her. I fear exhaustion." The labour began yesterday morning at 2 o'clock. Mr. —— was here at 3.15. The os uteri was dilated to the size of a shilling. Membranes not ruptured. At 12.30 yesterday the os was considerably more dilated. Membranes not ruptured. Pains very strong, and the intervals very regular—every six or seven minutes. At 12 last night the dilatation had then advanced very considerably, and it was much in the same state in which it is now. The membranes then had given way. 11.30 a.m., Sunday. Dilatation of os complete; during twelve hours no progress; a large part of the head felt, but not an ear; three doses of secale, one drachm, given this morning. No effect. A full opiate between 8 and 9. Three drachms Tinct. Op. The bowels have acted, and water has been passed. Not very exhausted; face flushed and swollen; urgent thirst. Pulse above a hundred. Pains have no effect upon the head. The os is fully dilated, but the greater part of the head has not passed through the brim. Head very much swollen; bones compressed. The question first raised was—is it safe to leave the patient longer in labour? We agreed that it was not, and that if left six hours longer some serious mischief would ensue. The next question discussed was—could delivery be safely accomplished by the forceps? After the most serious consideration of all the circumstances of the case, we concluded that the forceps could not be employed with safety. The result proved that the head could not have been extracted with the forceps. The patient recovered favorably, but has never forgotten the sufferings she endured at her first labour.

Case 247.—Burton Ward, St. George's Hospital, April 18th, 1860.—"——, æt. 29, married, a healthy

woman, was confined of her first child in December, 1858, in the New Road, Sloane Street. Mr. —— attended her; pains commenced about 5 o'clock in the morning, and after 12 o'clock went on regularly every twenty minutes, and at 2 o'clock were frequent; but at 4 p.m. it was considered advisable by her medical attendant to deliver with the forceps, as he was afraid, the child being large, that it would be born dead. During the operation she was rendered insensible by chloroform. She felt soon after confinement that she was very sore about the external parts, and complained several times of it, but no examination was made at all until the end of the month, when it was found that the perinæum had been lacerated, and the wound was now ulcerated. A poultice was ordered, and it was healed four weeks after that, but when she began to get about the womb came down. A wooden pessary was applied in Edinburgh last October, but she could not keep it in the vagina, even when a bandage was applied externally, and three weeks ago Mr. ——, who had attended during her labour, gave her a ring pessary, which was of no use. She weaned her baby four months ago, and has been rather worse since, and the catamenia, which had appeared twice before, have now completely ceased since the weaning, and she now thinks the bladder is prolapsed at times. On admission, the uterus was protruding through the vulva to some extent; it was, however, easily returned, and, the patient being kept in the recumbent position, never prolapsed again. Slight aperient medicine and some quinine and sulphuric acid three times a day. May 16th.—After this patient had been in the hospital about a fortnight she thought she was pregnant, and as there was every appearance of this being the case, about the breasts, &c., she was discharged at her own request, although she refused to allow another exami-

nation to be made to decide the point of pregnancy." —Journal, p. 173.

Case 248.—About the end of April, 1860, I attended a patient in labour who was reported to have had a sunstroke in Tasmania about a year before. It was said that the brain had sustained some injury, and that for a time there had been partial paralysis. The uterus had no power to expel the child. The presentation was natural, and the pelvis was not deformed, but from the confusion of mind observed, and actual incoherence, there seemed to be great risk of convulsions. I requested Dr. —— to see the patient in consultation with me, and we were both of opinion that the labour could not be allowed to continue without great danger, and that there was no hope of the child ever being expelled by the natural effort. I therefore at once proceeded to deliver, but the brain for some months after continued in an unsatisfactory state.

Case 249.—On Wednesday, June 13th, 1860, I was requested by Dr. —— to see a patient in consultation with him who had been confined on the morning of the previous Friday, "under the soothing influence of chloroform, and was not progressing so favorably as her friends could wish." The patient had been delivered with the forceps about two years before, and the perinæum had been extensively torn, and was long in healing up. The pulse was under 80; tongue white; lying on the back, evidently in great pain. I passed the hand over the hypogastrium, and felt a large, hard, globular mass in the region of the bladder. I was informed by the nurse that the urine had been passed regularly. I suspected very strongly that what I felt was the bladder, but was nearly put off my guard by the statement, both of the nurse and

medical attendant, that the urine had been passed regularly and without any difficulty. I said, "Pass the catheter." Dr. —— treated this almost with ridicule, asserting that what was felt was the enlarged uterus, and I thought for a moment that he was right. It was certainly remarkably hard, and I thought that my suspicion must be unfounded, and I had very nearly given up the idea that it was the distended bladder which was felt. The catheter was passed, and six pints of urine flowed through it, and the patient was immediately relieved. The tumour disappeared entirely. When the catheter was about to be introduced she insisted upon having chloroform. This led me to inquire if chloroform had been given during her labour. She acknowledged that it had, and also during her first labour, when she had been delivered with the forceps and the perinæum torn.

Case 250.—On the 8th June, 1860, I was requested to see a patient, æt. 40, near Portman Square, who had been delivered by Mr. —— the day before with the forceps, and was stated to be now "suffering from epileptic fits." It was the first child. Labour had commenced the night before, about 10 o'clock. Mr. —— was called at 4 a.m., and things went on as usual till yesterday, June 7th. Then she had an epileptic fit. Had not complained of headache before. A consultation was then held with another practitioner, and it was agreed to deliver with the forceps, and this was done without difficulty. The child had been dead some hours. On the placenta coming away she had another fit, and between that period and 8 this morning there had been eight or nine fits, with a little consciousness at intervals. Between 8 a.m. and 1.30 p.m., 8th June, there had been no fit, and there had been slight recovery of consciousness. She is now quite conscious, and answers questions

clearly. There is no great appearance of fulness about the head, and no strong pulsation of the carotids; pulse 90, of moderate strength. During pregnancy there had been a very excited state of the brain and disturbed sleep. On the 15th June I was informed that this patient had died the day before, apparently from exhaustion, "as there was no local cause, and she had no return of convulsions. Her consciousness returned at intervals, but never lasted so as one could say she was quite herself for any long time. She looked anxious and suspicious; her state was that of extreme restlessness of body and distress of mind, and she could not tell why. From the two days after your visit I gave her beef-tea, arrow-root, with brandy and ammonia, with an opiate at night, and I regret the issue was not more to our wishes."

Case 251.—8th July, 1860.—Mrs. —— in the sixth month of pregnancy, residing at a distance from London. During several weeks the abdomen had been rapidly enlarging, and had attained a great size, as large as in cases of ascites and ovarian dropsy when tapping is judged absolutely necessary. The patient could not lie down. There was distinct fluctuation, but not so distinct as in most cases of ascites. The pulse was rapid and feeble. The countenance sunk; urgent thirst; scanty urine; feet not swollen; the movements of the child had not been felt for several days; no labour pains. I had no doubt that the fluid had accumulated within the sac of the amnion, and I passed up, without any difficulty, the stiletted catheter, and punctured the membranes, which could be felt through the os uteri. The liquor amnii immediately began to escape—"a perfect river of water flowed away." July 17th, 1860, Dr. —— called and informed me that the water gradually passed off

during the night, and that about 2 in the afternoon of the following day the pains came on, and he found the membranes presenting, and on tearing them open a great quantity of fluid escaped. The funis presented, and he passed up his hand and brought down a foot and delivered. There was a second child. The hand was again passed up and the feet brought down. Both children were stillborn; they had both, I believe, been dead some time. The placenta came away, and the patient, I was informed, recovered favorably.

Case 252.—On the 22nd July, 1860, I received the following note which was delivered by the patient's husband:—"I shall feel obliged if you will come to me at the above address, and bring your forceps, &c. I have been here twenty-eight hours, and have failed to deliver the head by means of my own forceps." The lady was forty-two years of age, and it was her first labour. "I suppose," said Mr. ——, "it is a case of twins; the pains do not help us at all. The head is quite in the pelvis, low down. I have tried to move it with the forceps, but I cannot make the forceps lock." He had tried three times to apply the forceps, and the patient stated that these attempts had given her great pain. The husband of the lady had requested me to take a pair of long forceps, a request with which I had not complied. 8.30 a.m. —The countenance is good; she does not look very exhausted, but there is no pain of any consequence. Pulse not very rapid; tongue much furred. The catheter had been passed twice; the vagina and external parts are greatly swollen. I looked, and saw them intensely red and immensely swollen. The head of the child had not passed through the brim of the pelvis. The hollow of the sacrum is not filled up. The head so high that I could not feel an ear; the

head is much compressed; great swelling of the scalp; head beyond reach of the forceps. "The first question" I said, "for our consideration is—can the patient be left longer in labour with safety? If she is not delivered soon, will some serious mischief not ensue?" We were agreed on these points—that the labour could not be allowed to continue longer. I thought the head too high up and too large to allow of the forceps being applied without great danger to the mother, and no chance of saving the child. I expressed a decided opinion that the only means of rescuing the patient from the dangerous state was to deliver with the perforator and crotchet. Mr. ——, who had adopted the new opinion that craniotomy ought to be banished altogether from midwifery, would not agree to this, but insisted that the long forceps should be tried. I suggested that Dr. —— should be called into consultation. At 9.30 he came; there was no improvement in the state of the patient. Dr. —— said, "This is not a forceps case. The only thing that can be done is to open and extract the head. The child must be sacrificed. We do not know that it is alive. The probability is that it is dead. Meconium is passing." I opened the head, and great and long-continued force was required to extract it with the crotchet. Great force was required to draw the shoulders through the pelvis, and though Mr. —— supported the perinæum carefully, it was most unfortunately lacerated to some extent, and ever since there has been great inconvenience from the injury done to the parts, a part of the sphincter ani having been torn. The patient was in an almost incoherent state during the whole time I was engaged in delivering the child, and afterwards she was seized with puerperal mania, from which she has slowly recovered.

CASE 253.—"August 1st, 1860.—DEAR DOCTOR,—I shall feel obliged if you would kindly meet me at a case of hæmorrhage at ——, as it is an urgent case. My coachman can bring you with him, Yours faithfully." The patient had received a blow on the side of the abdomen some nights before; had struck the abdomen against some hard body. No bad consequence seemed immediately to follow. This day she felt uneasiness, and went to a night-stool, thinking the bowels required relief, when blood flowed from the uterus, which could not have weighed less than four pounds. Great faintness followed, and when Mr. —— came to see her the pulse could not be felt, and some hæmorrhage was still going on. The os uteri was so high up and so little dilated, that nothing positive respecting the situation of the placenta could be ascertained. It was not known whether the placenta presented. Mrs. ——, the mother of six or seven children. At the full period. Had a blow on the abdomen a few nights since; had been faint during the day. About 4 p.m. the blood began to flow from the uterus. Great faintness and coldness of the extremities followed the discharge. The blood had coagulated in the vessel, and it had formed one of the largest clots of blood I had ever seen, of a round shape. She was still cold and faint; os uteri little dilated. I ascertained that the placenta did not present, and also that some other parts than the head presented. Delivery was necessary. Mr. —— passed up his hand and felt an arm and hand. About half an hour he endeavoured to reach a foot, but he did not succeed in bringing a foot down, but he felt the toes. The os uteri was very little dilated. I requested permission to examine, and with some trouble seized the foot and heel with my fore and middle fingers (the only part of the hand that could be introduced through the os uteri) of the right hand, and with some difficulty drew

it through into the vagina. There was an arm in the way behind. This was pushed aside. Very considerable time elapsed before the breech could be drawn through, the os being very rigid and undilatable, like a rope, thick and hard. At last the breech was brought through; both extremities, the trunk, upper extremities, and head. The placenta came away, and no hæmorrhage followed; she was greatly weakened by the loss of blood and the delivery; afterwards very hysterical. I thought it probable she would die after delivery. August 2nd.—She has had a good night; no hæmorrhage; and the report of the husband is very favorable.

Case 254.—On a Sunday in August, 1860, I was requested by Mr. —— to see a lady with uterine hæmorrhage, who had been delivered of a premature child ten days before. Hæmorrhage had repeatedly occurred to a dangerous extent, the night before especially; she was perfectly blanched. I inquired if the placenta had come away. The answer was that Mr. —— had not seen it. I said, "The question is—has the placenta been expelled or not?" A long wordy discussion on the point ensued. I examined, and found a large portion of the placenta half through the os uteri. I had little difficulty in removing the whole with the fore and middle fingers of my left hand. The placenta formed a large, hard mass. The unpleasant symptoms ceased.

Case 255.—On the 29th August, 1860, I was called to a patient in the sixth month of pregnancy who had been seized with hæmorrhage, but not very profuse, but it was accompanied with great faintness. No pain; os uteri widely dilated; felt the membranes at the edge of the placenta; ruptured them; endeavoured with two fingers to seize the foot, but

the head was in the way; obliged to pass the whole hand through the os uteri. Did this without much difficulty, and found the lower extremities at the fundus; got the finger into a ham; drew down a lower extremity, and speedily delivered. The placenta came away immediately; no hæmorrhage followed. At 12 p.m. left, all going on well.

Case 256.—On the 1st September, 1860, I was requested to see a lady at Brompton who had not been more than twenty-four hours in labour with her second child, and had been seized with symptoms which alarmed her medical attendant. The face had become immensely swollen, so that she could scarcely be recognised. The pulse rapid; the vagina red, like blood, at the orifice, and greatly swollen. The head was not impacted in the brim of the pelvis; it had not completely entered the upper aperture; no part could be said to be in the cavity. The swelling of the face and the soft parts within the pelvis, the rapidity of the pulse, and the want of progress for a number of hours, made us determine to relieve the patient. We thought she could not be left longer with safety.

Case 257.—On the 1st September, 1860, I was called to a case of breech presentation in Ebury Street. It was the first child. The nates were in the pelvis, and it seemed both to the practitioner in attendance and myself, from the state of the pains and the want of all progress for many hours, that the nates would never be expelled without artificial assistance. I passed a silk handkerchief, with a knot on one of the corners, between the thigh and the trunk, with some difficulty, over the groin, and got the knot out behind, gradually got the handkerchief passed, and in a short time drew the nates through. The trunk and upper

extremities soon followed, and the head, and the child was born alive.

Case 258.—On the 15th or 16th September, 1860, I saw a lady in consultation at Kensington, who had been delivered three months before, and whose perinæum had been extensively lacerated with the forceps. She had been kept three hours in a state of complete insensibility from chloroform; the pains of labour went off, the forceps then applied, and great force used to extract the head. The child was dead. I was told that the operator had placed one of his feet against the bedpost and dragged with all his might. The nurse was hardly able to keep the patient in bed, so violent was the dragging. The operator has left London.

Case 259.—On the 19th September, 1860, I was called to a case of twins. The first child had been born four hours. No attempt had been made to ascertain the presentation of the second. No pains during four hours. Four doses of ergot of rye had been given. Ice was ready. I could not be certain by an ordinary examination what the presentation of the second child was. The hand was passed into the vagina, and I was prepared to turn if an arm had been found presenting. I ruptured the membranes, and ascertained that the head presented, and immediately withdrew my hand. The head was expelled in a short time. The binder was firmly applied, the uterus contracted, and the placentæ were expelled without any trouble.

Case 260.—At 9 p.m., on Saturday, the 22nd September, 1860, Mr. —— called upon me and requested me to accompany him to the house of a patient who was in the utmost danger, in consequence of a large

portion of the placenta having been left within the uterus eight days after delivery. He had not attended the patient during the labour. Being accidentally in London, and having had the care of the patient some years before in the country, and being informed by her husband of the alarming state in which she was, he had gone to see her, and in consequence had requested that I should be consulted. Being entreated likewise by the husband, who accompanied Mr. —— to my house, to go and, if possible, save the life of his wife, I could not refuse to do so. I found the patient with a rapid pulse, 140. The abdomen tympanitic, but not tender on pressure. Tongue furred; no vomiting. The whole atmosphere of the apartment tainted with the fœtor of the discharge. I made an examination, and felt the upper part of the vagina filled with a large mass of placenta, a portion of which had not cleared the os uteri. With the fore and middle fingers of the right hand this was removed with some difficulty. It was in a condition not to be described—horribly putrid; the windows of the room were thrown open, and the corrupted mass disposed of as quickly as possible. I requested that the vagina should be washed out thoroughly with warm water, that this should be done at short intervals, and that some aperient medicine should immediately be administered. The patient recovered favorably. Before leaving the house I could not avoid expressing to the husband my disapprobation of the treatment which had been pursued by the practitioner to whom he had entrusted the care of his wife. My opinion being demanded, I had no choice but to discharge my duty on this occasion as I have done on all occasions when consulted. The following letter, containing details of the case, was addressed to me September 27th, 1860, by a gentleman who had seen the patient on the same day that I was called to remove the putrid placenta,

but whose name had not been mentioned to me: —"I take an early opportunity of setting you right upon one or two points in regard to the case of retained placenta to which you were called last Saturday evening. I must tell you I was called to the patient at 12 mid. on Saturday last, the day on which you saw her, and she was delivered into my care by the gentleman who was engaged to attend her, and who was compelled to leave for Brighton (the gentleman who actually attended her I did not see). I found at my visit that a full examination had been made a couple of hours before, and that the vagina was positively free from clots, &c.; there was no hæmorrhage; the os was open more than usual. Under these circumstances I did not feel justified in examining them, but I ordered several doses of ergot to be given, with a view to expel any remaining mass, and I advised to defer the examination, if hæmorrhage occurred, till my evening visit. In the mean time a Mr. —— arrived from ———, and I saw him, and he coincided in my treatment. I left him at 8 to inject a stream of tepid water into the uterus, but at 8.30 he took upon himself to disregard my interest in the case, and to send for you, and you arrived and forestalled me in removing the placental remnant which my ergot had expelled into the vagina. You were not told that any ergot had been given. I mention these facts in order that you may rectify your notes of the case now, and not leave to in the event of the case appearing in print at any future time. I must say that Mr. —— has been guilty of a most glaring breach of professional etiquette, and it was unhandsome also on your part that you should have disregarded me, when you were perfectly aware that I had the sole charge of the case, and you were wholly unjustified in making the remarks you did. I hope, however, that I may be mistaken, and that it arose from a misconception on

your part. I am, my dear sir, your very obedient servant, ———." On the 28th September, 1860, I addressed the following note to the writer of this letter:—"Will you inform me who it was who actually attended Mrs. ——, and when the confinement took place, and likewise who it was who had made a full examination a *couple of hours* before you saw the patient?" The following reply was received:—September 28th, 1860. "It was the eighth day after confinement on which you saw the patient. As to the antecedents of the case, and treatment, I cannot speak, and, indeed, as the case was mine only for a time by accident, I should not feel justified in furnishing any particulars beyond those I have. P.S.—My object in writing to you is chiefly to defend my own treatment." These letters were sent to the gentleman in the country by whom I had been called to see the patient. It must be obvious to all who peruse this correspondence that it is difficult to obtain full and accurate histories of cases in midwifery, &c.; all who reflect must be convinced that principles, as they are called, or doctrines which do not rest upon a large number of faithfully recorded cases, can only lead to pernicious errors in practice. "Saturday night, October 7th, 1860. "I felt very sorry, on my return home on Friday evening, that I had not time to answer your kind note, as the post was just closing. It is evident that Dr. —— is much disappointed he cannot appropriate any credit in the treatment of Mrs. ——. I congratulate myself, and the friends of Mrs. —— are deeply grateful that I called you to see her. It is my firm conviction that had she been left another day without proper management, the case would have terminated fatally. I believe I told you what occurred on my arrival; however, I will briefly recapitulate what I said to you. I found the mother and husband of my patient much distressed,

and foreboding the worst results, and well they might do so, for Mrs. —— was talking incoherently, the pulse 160, the abdomen tympanitic, and there was a total absence of mammary secretion. After a short time Dr. —— came, and informed me what he had done and prescribed—that an examination had been made, and the vagina and os uteri found perfectly free of coagula and débris of placenta; that he was giving a mixture with dilute Sulph. and Liq. Secale (of which about two or three doses had been taken) to counteract any hæmorrhagic tendency. Not a word was said by him that any portion of the placenta was yet remaining in the uterus, nor did he say that he should make an examination in the evening. I suggested an injection of some disinfectant liquid into the vagina, and also into the uterus, as the discharge was still of an offensive character; and as a medicine, Carb. Ammon. and Camph. mixture, with lemon juice, the former in excess; but before doing anything I should call in some leading physician, as I considered the case pregnant with danger. Dr. —— made no objection. Before we reached Mr. ——'s house, I hinted to you that we ought to acquaint Dr. ——, but it was thought not convenient to detain you until he was sent for, especially as he had told me he was making alterations in his house, and might not be at home. Not a word was said by me of any remark made by yourself, only that you had removed a large mass of putrid and *stinking* placenta. I explained to him how it happened—we could not see him; and I thought he seemed satisfied. I am at a loss to imagine how he can charge me with 'being guilty of a most glaring 'BREECH' (*sic*) of professional etiquette.' I suppose he may be much surprised that a country practitioner should not be perfectly satisfied with his opinion, for he told me he had seen 300 such cases as that of Mrs. ——. He evidently took it for puerperal

fever, as he said he was about to publish on that disease, and that he had just read a paper on that subject before the Obstetrical Society, and that Dr. ——, the previous attendant, had declined to see Mrs. ——, fearing that he might communicate the complaint to a lady to whom he was hourly expecting to be called. I shall not notice his remarks respecting me unless he is aware that you would write to me. Thanking you for your friendly observation, that you will always be glad to hear from one who was at the Boro' with you, I am, my dear sir, yours very truly, ——."

Case 261.—On Friday, the 28th September, 1860, I was requested by a very acute and experienced practitioner to see a patient near the King's Road, Chelsea, who had been delivered on the Sunday. The labour natural; sixth or seventh child. Had a good deal of hæmorrhage. The uterus contracted; but it kept relaxing and filling with blood, and contracting, and at last never went down properly. It remained large above the brim. The patient had symptoms of fever, "and a considerable tympanitic state of the abdomen." Was very sick several times yesterday. Not sick to-day; no diarrhœa. A turpentine injection had been given. Monday.—Doing well. Tuesday,—After-pains, with a quick pulse. Wednesday.—Free from pain. Opium has been given. Thursday morning she seemed better. Pulse never till that time under 90. Last night 110. Brown tongue since Monday. Pulse now about 90. Abdomen enormously large; fulness in the hypogastrium, which Dr. —— considered to arise from the uterus. On touching the hypogastrium I could not get rid of the impression that the bladder was full of urine, and I begged Dr. —— to take my catheter out of my pocket, and introduce it. This he did not succeed in doing until I got a taper. Then it was passed, and five or six pints of urine were

drawn off, with immediate relief of all the symptoms.

Case 262.—On the 1st October, 1860, I was called by Mr. —— to see a patient at Pimlico who had been delivered of her fourth child twelve days before. The labour had been natural. Before and after all the former labours she had suffered at times from severe headache, but never had convulsions. At 3 this morning awoke, took some tea, and seemed quite well. In a short time complained of loss of power in the left arm, then insensibility came on. At 6 Mr. —— was called. He found her quite insensible. No convulsion. He applied leeches to the head. At 8 a.m. I saw her quite dead.

Case 263.—On Saturday, the 17th November, 1860, I was requested to see a lady who had been thirty-six hours in labour, and who was greatly exhausted. The vagina and external parts were much swollen. No chance of the head ever being expelled by the natural efforts. The utmost risk—the certainty of tearing the perinæum, or causing sloughing of the vagina to take place by introducing the blades of the forceps and dragging the head into the world. Craniotomy was determined upon, and the resolution adopted to save the mother. The head, after being lessened, was extracted with the utmost care, yet the perinæum was injured slightly. It was immediately ascertained that there was a second child; the head presented. The binder was firmly applied, the membranes were ruptured, and some brandy given. Pains came on, and a living child was soon expelled; the uterus contracted. The placenta came away, and no hæmorrhage followed.

Case 264.—About the same time I saw a case with

Dr. ——, near King's Cross, on a Saturday, the 31st. The patient had been delivered on the Wednesday. First child; labour natural. On the Friday Dr. —— considered the patient to be suffering from puerperal fever. About two weeks before, he had lost a patient fourteen days after delivery with uterine inflammation. He was under the impression that he had conveyed contagion from one patient to the other. The condition of this patient seemed very unfavorable; pulse rapid; furred tongue; sickness; sunk countenance; enormously distended abdomen. There was evidently fluid in the bladder, and I introduced a catheter, and a large quantity of urine flowed through, and the patient immediately began to recover.

Case 265.—23rd November, 1860, 12.30 p.m.—"I have an anxious case of enlargement of the uterus twelve days after delivery, which I believe to be some purulent formation. My patient is very ill to-day; shivering, &c. I shall be very glad to have your opinion." The lady whose case was thus related to me by her medical attendant, an experienced and intelligent practitioner, resided at a considerable distance out of London. The breech had presented, and the child was born alive; it was not the first or second child. I went upstairs to see the patient. Countenance good; pulse 80; a tumour in the region of the bladder, which I at once suspected to be the bladder greatly distended with urine. I begged Dr. ——, who had not attended the patient, to feel, and inquired if it was not the bladder. He was inclined to agree. Mr. —— came and gave a long and elaborate history of the case. I said, rather abruptly, cutting short the history, for which I afterwards apologised properly, "Will you go and get a catheter, and pass it into the bladder, and see the result?" He did not seem at first disposed to do this, but did. Dr. —— and I left the

room, and we had soon the satisfaction of hearing that all was right; it was the bladder, and the tumour gradually disappeared as the urine flowed through the catheter. I went into the room, passed my hand over the hypogastrium; the tumour gone. On the 24th November, Mr. —— said, in a note, "I beg to thank you very much for the kind way in which you assisted me out of my difficulty; it has taught me a lesson that I shall never forget."

Case 266.—"I have a very protracted case of labour at Long Acre," said a medical attendant. "Head and funis presentation, and no pains of use to the patient. The uterus is sufficiently dilated. Will you bring your forceps with you, as I believe we shall want them." Eighteen months before, the patient had been delivered of a dead child, at the full period, without any artificial help. "This labour commenced yesterday morning, and continued all day incessantly. The uterus was fully dilated by 10 last evening; the membranes gave way about 11, and then the cord immediately slipped down—five or six inches of it." There is now no pulsation in the cord. The head is partially in the pelvis; and ear could with difficulty be felt. I delivered the patient immediately, but not with the forceps, and she recovered in the most favorable manner.

Case 267.—On the 7th February, 1861, I saw a lady, æt. 34, who had been delivered ten years before of her first child with the forceps, and the perinæum had been extensively lacerated. The operator on this occasion was an eminent obstetric physician, and great advocate for the frequent use of the long forceps, and great force was used in extracting the child. The labour had been protracted; she was ill long after, and has never been properly restored to

health. There did not appear then or since to have been any suspicion that the perinæum had been torn. She had subsequently been delivered of two children without instruments. The youngest child was four and a half. Dr. —— had seen her, and declared that the aching pain in the back and other symptoms depended upon congestion of the uterus, and cauterization, through the speculum, was employed, without relief. She went and consulted another medical practitioner, who applied leeches to the os uteri, and a great loss of blood was the result, and she thought herself better. There was prolapsus and retroversion of the uterus, but no disease. I examined with the eye and discovered that the perinæum had been torn to the verge of the anus, and inferred that the displacement of the uterus was the result of the laceration of the perinæum.

Case 268.—On the 26th March, 1861, I saw a case of protracted labour near Westminster Abbey. It was stated that the patient had been three days in labour. The os uteri was a little more than half dilated. Fourteen ounces of blood had been drawn from the uterus, and some Liquor Opii Sedativus given. The medical attendant proposed applying the long forceps. I inquired if he considered it safe to do this before the head had passed through the os uteri. Nothing but the top of head, greatly swollen, could be felt. I saw the patient at 6 p.m. and recommended delay. At 12 at night I saw her again, and there had not been the slightest advance, but the head was much more swollen, and this led to the belief that it had advanced considerably, when it had not. Great force was required to extract the head after its volume had been diminished. I got home at 2 a.m. The patient recovered most favorably.

Case 268.—On the 5th May, 1861, I was called to a case of complete placental presentation, near the Foundling Hospital. The patient was the mother of three children, and she was near the full period of the fourth pregnancy. Hæmorrhage came on forty-eight hours before I was called, and it had continued ever since with great faintness; the placenta was partially detached, and protruding through the os uteri, which was widely dilated, and not rigid. I passed up my right hand by the edge of the placenta, went on, ruptured the membranes, came in contact with the head; went on, came in contact with an arm, pushed on to the fundus uteri, seized a leg and slowly drew it down into the vagina, and without much difficulty extracted the child, and the placenta followed. Hæmorrhage ceased, and I left the house in less than half an hour.

Case 269.—On the 30th December, 1861, at 1 a.m., I saw in consultation a case of arm presentation. The liquor amnii had been discharged several hours; the os uteri was rigid and not dilatable, so as to allow the whole hand to be introduced to turn. I passed my hand into the vagina, and the fore and middle fingers through the os uteri. The arm was pushed aside, and I succeeded in a short space of time, and without the employment of much force, in laying hold of a knee and turning the child. The patient recovered favorably.

Case 270.—At 5.30 a.m., Saturday, the 9th August, I was requested by Mr. —— to see a patient, æt. 20, residing near Westminster Abbey, who had been attacked with convulsions, in the eighth month of her first pregnancy, the evening before. During several days she had complained of headache, and had suffered from sickness and vomiting. On Friday, at 7 p.m.,

the fits commenced with insensibility. At 9 p.m., Mr. —— saw her. The os uteri was not much dilated. An attempt was made to bleed the patient from the arm, but she was extremely stout, and the attempt was not successful. Leeches were then applied to the temples, which bled freely. At 11 p.m. the head and an arm of the child were found presenting. The hand was passed up into the uterus, and a foot seized and brought into the upper part of the vagina, but the turning could not be effected, though long-continued efforts were made. When I saw the patient violent convulsions, with insensibility, continued. A foot was in the upper part of the vagina, but by no efforts that I could make could the turning be completed. I resolved to open and extract the head and give up all further efforts to turn. The bones of the cranium came away with the crotchet one after another, but the head could be made to pass through the brim into the cavity of the pelvis. The bulk of the head being greatly reduced, and the chief cause of the difficulty in turning being removed, I resolved once more to attempt to deliver, by passing a tape around the ankle, seizing the foot and drawing it down and turning. This succeeded perfectly in a short time, and the nates, trunk, and head were safely extracted. The convulsions almost immediately after ceased, but the patient remained during several days insensible. Her consciousness, however, returned, and she is now in good health.

Case 271.—Mrs. —— æt. 23. 8 a.m., Monday, 13th October, 1862. First pregnancy. Labour commenced yesterday morning (Sunday) at 7 o'clock. At 9.30 os uteri not more dilated than a shilling. The labour went on all day. At 2 p.m. the os about the size of half-a-crown. At 7 p.m. the membranes had ruptured, and about 9 the os was fully dilated, except

a little in front, and Mr. —— thought all was going on well, and that the labour would soon be over. The pains had been regular till 6 o'clock on Monday morning, but no progress had been made since 11 the previous night. Then Mr. —— thought she should be delivered with the forceps; and another medical practitioner was called to see her, and an attempt was made to deliver with the forceps—the double-curved sheet forceps. The blades were locked, but the head could not be extracted. As much force was used as was considered justifiable, but the head would not come forward. The practitioner in attendance first applied the forceps, and used as much force as he dared. The practitioner called into consultation did the same. We first renewed the efforts to deliver, and Mr. —— tried again without success. Three drachms of chloroform had been given before the blades were applied. When I saw the patient the pains had entirely ceased. The head, greatly swollen, was almost entirely above the brim. An ear was felt with great difficulty above the symphysis pubis. It was obvious to us all that the head would never be expelled by the natural efforts, and that the patient could not with safety be left longer in labour. The head was as high up as it was at 11 the previous night. The perinæum had been lacerated, but not extensively, with the forceps. We thought that under such circumstances the operation of turning could only have been attempted by "some ignorant pervert in midwifery." It was agreed to open and extract the head, taking the utmost care that the perinæum should not sustain any further injury. This I immediately did, and the patient recovered favorably.

Case 272.—At 10 a.m. on Friday the 1st of August, 1862, I was requested by an eminent surgeon to see a lady in her twelfth labour, with symptoms of ruptured

uterus. At 6 a.m., when there was every hope that the labour would soon be happily completed, acute pain in the abdomen had suddenly been experienced, different from the ordinary pains of labour. The uterine contractions immediately ceased, and the head receded very considerably. It was in the pelvis when this pain was experienced, and it soon receded above the brim. No vomiting followed, and there was nothing in the countenance of the patient, or state of the pulse or stomach, to indicate that such a grave accident as rupture of the uterus had occurred. The patient had been seen before I saw her by two very experienced accoucheurs, besides the practitioner in attendance, also experienced in the practice of midwifery. All were of opinion that rupture of the uterus had taken place, the limbs of the child being felt in the abdomen, as if in immediate contact with the abdominal parietes. The meconium was passing. It was a question whether delivery should be immediately performed or the case left to nature. The latter was adopted, by one of the eminent accoucheurs consulted. I thought the most rational course to pursue would be to deliver immediately by opening the head and extracting the child. There was some difficulty, from the movable state of the head, in perforating it, but this was effected, the brain evacuated, and the head extracted with the crotchet without much difficulty; and in a very short space of time the placenta came away as if nothing unusual had occurred; no hæmorrhage followed. A considerable number of hours elapsed without any unfavorable symptom of any kind, except great quickness of the pulse. There was little or no pain of the abdomen or distension, and no cerebral disturbance. The report on the 2nd was favorable, but the day following it was obvious that she was sinking. I was not present at the *post-mortem* examination, but have been informed that the rent was

found in the posterior wall of the vagina, and not in the uterus.

Case 273.—At 2.30 a.m., Saturday, 3rd January, 1857, I received a note from Mr. ——, in which it was stated that he had a "case of protracted labour—forty-two hours—with impaction of the head at the brim of the pelvis. Venesection employed in the afternoon with a slight improvement, but again we are in a fix, with rapid pulse and much anxiety. Be kind enough to grant me your assistance." The patient was 30, and first labour; membranes ruptured at the commencement; towards Thursday night pains active. Mr. —— had left her at 11 p.m., and was called yesterday (Friday) morning. The dilatation then not very considerable; os uteri rigid, with a full bounding pulse. Friday, 3 p.m., no progress; symptoms urgent; V.S. to ʒxx. After that Mr. —— left her. At 7 p.m. she was seen again. The os uteri was dilated, but no advance of the head. At 6 p.m. found the head had partially passed through the brim, giving hopes that the labour would go on favorably, pains being active. A pint of urine drawn off, and some castor-oil given in the afternoon, but it had not operated. Since 12, pains have been almost completely arrested. No progress. 3 a.m., Saturday, expression of countenance good; no delirium; tongue very furred; pulse 130. Os uteri not fully dilated; feet surrounding the whole head, which had not passed through the brim of the pelvis; the greater part above the brim. The pains are now feeble, and produce no effect upon the head. Nature will never complete the delivery. The perforator and crotchet the only means by which the life of the patient can be preserved. Great force required to extract the head. The bones were all torn to pieces with the instrument. The craniotomy forceps gave no help. At last the crotchet was passed into

one of the orbits, and after two hours' hard exertion I succeeded in completing the delivery. It was very difficult to extract the shoulders. A tape round the neck was not sufficient. The crotchet was passed up into one of the axillæ, and it required great force to draw the shoulders forward. The placenta did not come away in the usual time. Great hæmorrhage took place, I passed the hand into the uterus and found the placenta adhering, which was detached and removed. At last the hæmorrhage ceased, and I returned home at 7 a.m. The child was remarkably large. The patient recovered most favorably.

In September, 1860, this patient was five and a half months pregnant, and I was called by the same gentleman to see her, to determine whether premature labour should be induced. I felt great difficulty in coming to a decision on this point, but after examining the pelvis, I thought it possible if the child was small, that it might pass through the brim alive at the full period. The child happened fortunately to be remarkably small, and was born alive. The advice given on this occasion was not good.

Case 274.—In the month of February, 1863, I saw a lady in consultation, who was in the seventh month of pregnancy, and had very extensive cancerous disease of the os and cervix uteri. The upper part of the uterus was felt somewhat enlarged in the hypogastrium, but although the placental sound was heard, I could not be certain that pregnancy existed, and indeed came to the erroneous conclusion that pregnancy did not exist. "You will, I am sure, be surprised to hear," said Mr. ——, "that a post-mortem examination revealed the fact, that the uterus contained a male fœtus, of apparently about eight months' growth." Slight pains commenced in the morning at 4 o'clock, and continued at irregular intervals till she died. There was no hæmor-

rhage, and the os uteri was not sufficiently dilated to enable me to ascertain the presenting part. The placenta was attached to the upper and posterior part of the uterus. The disease did not extend beyond the cervix, at least as far as I could make out without actually removing the whole organ.

Case 275.—In the month of March, 1863, I saw a lady about the middle period of pregnancy, who had lost the use of the right eye, and vision was impaired in the left. From this circumstance an eminent surgeon, who had discovered with the ophthalmoscope that there was some disease growing on the coats of the eye, suspected there was some affection of the kidneys, and examined the urine and found it loaded with albumen. I saw the patient in consultation with him, and expressed my fears that she would be seized before long with puerperal convulsions. Leeches were applied to the temples, and purgative medicines administered, but without any benefit. I then suggested the propriety of inducing premature labour, but to this, an eminent physician who was consulted would not give his consent. The urine continued in the same state, and a fit of convulsions after a long time occurred, and then it was decided that premature labour should be induced. This I did with great ease, and a fœtus was expelled which had long been dead. The placenta was in a morbid state, and partially adherent. The patient recovered in the most satisfactory manner, and the albuminuria disappeared altogether. After some months' residence in the country, the catamenia not having returned, she was supposed to be pregnant, and the urine again became albuminous. What the result of this case has been I am unable to communicate, having received no certain information on the subject. October 6th, 1863, the case terminated fatally, but from what cause I have not ascertained.

Case 276.—On the 24th March, 1863, I was called by Dr. Robertson to see a patient in Pimlico with incessant vomiting, and rapid pulse in the seventh month of pregnancy. I introduced the stiletted catheter, and punctured the membranes. This was the third time that this proceeding became absolutely necessary to save the patient's life, in consequence of vomiting during pregnancy. The vomiting ceased immediately on the first occasion. It did not cease for some days after the second operation. The result of the third operation has not yet been communicated to me.

Case 277.—Some considerable period before this I saw a lady at Clapham, suffering from incessant vomiting and violent fever in the seventh month, and I recommended the same practice. The husband would not consent to this without the sanction of another physician, who was likewise consulted. This sanction was not obtained till the patient was nearly moribund. Brandy was given in large quantities without any benefit. A male catheter was then used to draw off the liquor amnii, but pains did not follow, and she died undelivered.

Case 278.—In the month of of May, 1863, I was called to a patient in whom the entire placenta had been left within the uterus from Wednesday till Monday. The discharge had become very offensive, and there was great sickness and vomiting with distended abdomen and rapid pulse. From the firmly contracted state of the os and cervix uteri, after the hand had been passed into the vagina, great difficulty was experienced in getting it into the uterus and separating the placenta, which was extensively adherent. Its separation was, however, effected without any injury

being inflicted upon the uterus, and the patient recovered without any bad symptom succeeding.

Case 279.—In the month of May, 1863, I was called to see a lady in consultation, who had been delivered on the Thursday before of her third child. On the Friday evening she began to show dislike to her child. Quick pulse. On Sunday night appeared rational, but somewhat wild. No tenderness about the abdomen. There had been no sleep. She answered questions in a rational manner, but when I saw her soon after she said she saw the pantomimes before her. Liquor Opii Sed. was given. Being extremely delicate and nervous, no leeches were applied to the head, but cold vinegar and water used, and the hair partially removed. Purgative medicine had been administered. Some days after this she refused to answer any questions and afterwards became wildly delirious, and died about fourteen days after her delivery. The propriety of applying leeches to the temples was repeatedly discussed, but we did not think it right to do so, and if they had been applied the probability is, the result would not have been different. During the pregnancy her mind was in a peculiar state.

Case 280.—On Thursday, June 4th, 1863, at 4 a.m. I was called to see a case of labour of which I received the following history. Mrs. —— æt. 24.—Membranes broke without pain on the 1st—full period of pregnancy. Seen by Mr. —— at 6 a.m. on Monday; slight pains all Monday. Seen again Tuesday, 4 p.m., again 8 p.m., when os dilated to a crown; labour pains frequent but slight. Wednesday, 3 a.m., pains stronger and more freqnent, dilatation two and a half inches. 9 a.m., another (a second) practitioner, Mr. ——, saw the patient and recommended saline mix-

ture and sitting over steams of warm water. She did this four times, fifteen minutes each time. This was followed by profuse perspiration and some progress. Tongue furred; thirst and fever. Mr. —— saw her again at 12 a.m., and expected that the labour would soon be completed naturally. He proposed giving twenty-five minims of laudanum, but this was not done. In the evening Mr. —— had to go to the country, and did not see the patient again. Mr. —— saw Mrs. —— three or four times during the day, but little progress was made, Os uteri remaining rigid and unyielding. Catheter was repeatedly introduced. Silver catheter could not be passed—elastic catheter was; had beef-tea frequently during the day. Bowels relieved fully by castor-oil. Tartarized antimony was thought of, but not given. At 8 p.m. Dr. —— saw Mrs. ——; os uteri not then completely dilated, and could be felt rigid all round; had feeble pains. Dr. —— recommended ergot of rye—three doses of which of ʒij were given in infusion, which were followed by strong pains, but not much progress was made. At 1 a.m. Dr. —— saw her and found dilatation complete, but the os uteri could still be felt all round. Had no difficulty in pushing anterior part past the head. He and Mr. —— thought the forceps could be applied, although an ear could not be felt. Forceps were twice applied readily, and considerable traction used—with the effect of bringing down the head to a certain extent, but not far. The blades were taken off after one effort to examine the condition of the parts more thoroughly. They were reapplied, and another effort made without success; fifteen minutes were spent in effort. 5 a.m.—Pulse 108; constant moaning; growing pain; head is found in brim of pelvis, or completely above the pelvis; bones overlapping as if gently compressed; impossible to reach either ear. There is great swelling of vagina and rectum, forming a sub-

stance like a cushion. This was slightly felt by Dr. —— last evening, but it has been much increased this morning. The bones of head overlap so much that the inference is the child is not alive; she has not felt movement since 10 a.m. yesterday. Catheter has again been introduced, and she has also made water naturally about an hour ago. Constant ineffectual pain. Immediate delivery was considered necessary by us all. There was no hope that the head would ever pass by the natural efforts, or be safely extracted with the forceps. After perforation great difficulty was experienced in drawing the head through the pelvis. One bone came away after another. At last the point of the crotchet was passed into one of the orbits, and the fingers into the mouth, and by this means, after great efforts, the head was extracted. The shoulders would not follow; a tape was tied round the neck, and the crotchet passed up and fixed on the chest, still it would not come. At last I got the crotchet between the arm and trunk and drew down an arm; the other was drawn through, but the abdomen would not follow without strong efforts. At last it came through—it was large and hard in the situation of the liver, but I did not open the abdomen after to see the condition of the liver, Two hours of violent efforts were spent in delivering this child, and the mother died soon after.

Case 281.—On the 2nd July, 1863, I was requested to see a patient, 42 years, who had been delivered of ten children at the full period. Several of the labours had been very severe; the children had all been large. In the last labour the child had been stillborn, the head had been greatly compressed, and she suffered long after from an affection of one of the legs. She was again between seven and eight months pregnant, and her medical attendant thought under

the circumstances that we should be warranted in inducing premature labour, and I was requested to bring the necessary instruments with me. Not being able to discover any distension of the pelvis, I thought it most advisable to leave the case to nature.

Case 282.—On the 12th August, 1863, I saw a lady who had been married four years, and had been delivered with the forceps of her first child three years before. She had been thirty hours in labour. The child was born alive, but died in four days. Great and long-continued force had been employed in extracting the head. Ever since her delivery "she has been unable to hold her urine on the slightest exertion." There was much soreness in the parts after her confinement, and she had had bearing down pains, and suffered from piles. The perinæum had not been lacerated, and there had been no sloughing of the vagina or os uteri, but it would not be doubted that the bladder had been injured by the pressure it had sustained. There was no displacement of the uterus.

Case 283.—On the 16th August, 1863, I was called by Dr. Spitta, of Clapham, to see a patient, with a very distorted pelvis, in labour with her first child. Dr. Spittta calculated that there was little more than two inches from the base of the sacrum to the symphysis pubis. The anterior part of the os uteri was between the head and front of the pelvis; head high up; the umbilical cord in the vagina without pulsation. I passed up the perforator and had no difficulty in opening the head, discharging the brain, and slowly and cautiously extracted the head without the employment of much force. The child was at the full period and of the ordinary size. Dr. Locke, of Clapham was likewise present. Had the child been alive, would the operation of turning have been advisable?

Case 284.—On the morning of the 21st of August, 1863, I received the following note:—"I have a tedious case of labour from impaction, in a lady just forty years of age, and who has not been pregnant for thirteen years. Will you kindly give me your opinion as early as possible, and in case of interference being necessary, perhaps you will come armed with the necessaries." The lady was thirty-eight years of age; the os uteri was not fully dilated; the head of the child was loose above the brim; the finger could readily be passed all round. The pains were recurring at long intervals; pulse natural; no swelling or heat of the soft parts within the pelvis; no difficulty in passing the urine; there was no disease detected in the os uteri, although she had been three years under speculum and caustic treatment; no distortion of pelvis. I recommended patience for six or eight hours, and went away with all the "necessaries" in a bag. I was glad to hear that Mrs. —— gave birth to a living child at 2.30 this morning (22nd), just sixteen hours after we parted. I acted fully on your opinion, leaving all to nature, and beg to offer you my best thanks for this additional instance of valuable advice.

Case 285.—On the morning of the 22nd August, at 7 o'clock, 1863, Mr. —— called and said he had a case of face presentation in —— Street, and that no progress had been made for twelve hours. There was no distortion of the pelvis; the patient was the mother of several children, born without difficulty. I found her standing up, with considerable pains; the os uteri fully dilated; the face partially through the brim; the mouth and other parts distinctly felt; there was no impaction; the finger could be passed round the head with perfect ease, but the head, if delivery had been required, could not have been

safely accomplished by the forceps, because the head had not passed through the brim of the pelvis. As there was no want of space, and no danger of laceration of the uterus, or mischief of any kind taking place, I strongly recommended patience for some hours. Mr. —— followed this advice, and called about 12 o'clock to say that the child had been born dead. There was a little pulsation felt about the head, therefore, according to the decision of Vice-Chancellor Stewart, the child was born alive.

Case 286.—In the month of August, 1863, I saw in consultation a lady, at a distance from London, who had been delivered of her first child with the long forceps about twenty four hours before. Considerable difficulty had been experienced in extracting the child, which was born alive. When I saw the patient the abdomen was swollen and exquisitely tender, and the pulse fearfully rapid. Leeches were applied to the abdomen, and warm fomentations and poultices; but I was informed that she rapidly sank.

Case 287.—At 1·30 a.m., 9th August, 1863, I was requested by Dr. —— to see a patient, æt. 25, at Camberwell, in the seventh and a half month of her first pregnancy. She had complained of headache for some time, but this was not suspected to indicate any danger, and nothing was done to relieve it, until the night before convulsions commenced, when some aperient medicine was exhibited. Soon after the purgative had acted on the morning of the 8th, she was seized with convulsions. V.S. was immediately employed, leeches to the head; the hair was cut away. Cold lotions applied and calomel given. When Dr. —— called upon me he said she was apoplectic, and he thought she would die. Another experienced practitioner had seen her, and was present at our con-

sultation. The pulse could scarcely be felt, the extremities were cold; the pupils dilated; mouth open, and the saliva flowing out. She appeared dying; os uteri very thick and rigid; open to about the size of a shilling. Only one finger could be introduced. Nothing further could be done in the general treatment. It appeared highly probable that she would die whatever was done, but, after due consideration, we thought it best to make an attempt to accomplish the delivery. I thought this would not succeed, and yet I hoped that when the head had been lessened in size, the os would yield and allow the diminished head to be drawn through. I passed the perforator with great difficulty, but at last succeeded, and the brain was evacuated, but the os was so rigid that I could not succeed by any efforts I could make with the crotchet in drawing the head into the vagina. I endeavoured to get the os to yield to gentle pressure, but it continued as firm and unyielding as a cart rope. I spent an hour and a half in the attempt to deliver, but could not succeed, and then the patient was evidently moribund and could not be delivered, or her life preserved by any means in our power, and she was left to her fate. She died at 6.30 a.m., about two hours after I left. The urine was found charged with albumen; when boiled it became like a jelly.

Case 288.—On the 24th August, 1863, I was called to a lady who resided at some distance from London, who had suffered from puerperal mania two or three years before, and had recovered, and was again pregnant and near the full period. The symptoms of mania had returned, and the question I was called upon to decide was, whether premature labour should be induced. It appeared from her wild looks that there was great risk of violent symptoms speedily manifesting themselves. It was considered most

prudent not to interfere and bring on labour, or to give narcotics, or to take away blood from the head. In a few hours what was feared occurred, and she was removed to a lunatic asylum, where the labour took place naturally about ten days after. There was scarcely any pain experienced. During the labour she was very quiet although just before very violent, requiring several nurses to manage her. The violence continued.

Case 289.—On the 5th September, 1863, about 1 a.m., I was requested to see a lady, æt. 34, who had been long in labour with her first child. Mr. —— said he was satisfied that all was going on well, but the mother of the patient, five years before, had lost a daughter with puerperal mania, whom I had seen when dying, and she desired a consultation. I found the head descending into the pelvis, but the hollow of the sacrum was not occupied with it. The pains were strong and regular, but they had ceased for a time, and this had excited alarm. I remained two hours in compliance with the wishes of the mother, and was then sorry to find that little progress had been made. The head had not descended so much as it ought to have done. It was not a case where any interference was required. I requested that the labour should be allowed to go on for some hours—six or eight. At 11.30 a.m., no progress. An attack of insensibility approaching to convulsion, with blueness of the lips. Suddenly the pains of labour ceased. The movements of the child had not been felt since the commencement of the labour. The meconium was escaping, discharges fœtid. The patient was exhausted, and in danger of convulsion, and the head had not passed through the brim of the pelvis. The finger was passed with difficulty around it. We agreed that immediate delivery was necessary, and that the forceps could not be em-

ployed without the greatest risk, and no prospect of any advantage. The placenta was generally adherent, and required to be detached and removed. The patient recovered favorably.

Case 290.—8th September, 1863. Mrs. ——, married six years, two children. The last confinement took place four years ago. Mr. —— attended; she was a long time in labour; she commenced taking chloroform five hours after the labour commenced, and was in a state of insensibility some hours. The first labour was tedious, but no chloroform was given, and no instruments used. She recovered slowly, and suckled her child two months. Was five hours in a state of insensibility from the chloroform. She refused to take it for a long time, but her attendant forced her to take it "to relax the muscles." The pains of labour ceased, and it was considered necessary to apply the forceps. She shrieked violently when the instrument was used. Phlegmasia dolens appeared in the left leg ten days after. She was seven weeks in bed, then was carried up and down stairs a long time. Has never properly recovered her health.

Case 291.—In the month of August, 1863, I saw a young lady dying from uterine phlebitis, three weeks after being confined with her first child. She had been persuaded by another lady and the advice of Dr. ——, against the opinion of her medical attendant, to be delivered under the full influence of chloroform. Three ounces of chloroform had been given, and she was in a state of complete insensibility some hours. The pains went away almost entirely, and she was in such an alarming condition, that her medical attendant, a practitioner of great experience and judgment, considered it absolutely necessary to deliver her with the forceps; the child was born alive, but the uterus did not contract properly, and great difficulty was experienced in re-

moving the placenta, and the membranes could not be removed at the time, but came away in a decomposed state a number of days after, with a most fetid discharge. In the progress of the fatal uterine phlebitis there was occasional delirium and sleeplessness, the pulse was extremely rapid, a scarlet eruption appeared over the surface of the body, and the left lower extremity became swollen as in cases of crural phlebitis, and there was tenderness in the groin and along the course of the femoral vein. The abdomen was distended, and there was sickness and vomiting. At times she rallied from the extreme exhaustion from which she suffered, but diarrhœa occasionally occurred, and she relapsed and died, to the great grief of all her relatives.

Case 292.—In the autumn of 1863, I saw a lady who had been delivered some time before by the operation of craniotomy. I was not the operator on this occasion, and did not see the patient during labour. It was the first child. The patient, I was informed, had been in labour from Monday night till Wednesday evening. "The head had entered the brim of the pelvis, but had not advanced farther. It had not precisely entered the brim, but was resting upon it. Pains had continued, and the patient was getting completely exhausted, and there had been no progress." The medical attendant considered that delivery with the long forceps was necessary. Two or three ounces of chloroform were administered before the attempt was made. The first attempt was unsuccessful, and the second was likewise unsuccessful, although strong efforts were made and continued an hour and a half to extract the head, which was large. Dr. —— was then called to see the patient, and he tried the long forceps. Then chloroform was again given. He did not succeed in moving the head. The operation of craniotomy, which it is now proposed to

banish from the practice of midwifery, was performed. When I saw the patient, there was ulceration and sloughing of the vagina going on.

Case 293.—A considerable time before the preceding case occurred, I saw a lady, from the country, who had been delivered with the forceps, and great sloughing of the vagina had taken place. The child was dead. In the progress of some months the vagina gradually contracted, and the canal was completely closed high up. The symptoms of menstruation occurred, but the fluid could not escape, and she was in great pain at each monthly period. When a considerable accumulation of the fluid had taken place above the contracted part, and fluctuation was felt and much swelling, it was proposed to restore the passage by a surgical operation, but before this could be carried into effect, an opening was formed by nature, and a large quantity of fluid was discharged. Since then the function of menstruation has been regularly performed, and the patient has been restored to good health.

Case 294.—On the 28th of August, 1862, the operation of ovariotomy was performed upon a woman who was in the fourth and a half, or fifth month of pregnancy. Before the operation, she was examined by an obstetric physician, but the pregnancy was not discovered. After the removal of the cyst in the ordinary manner employed by ovariotomists, there was seen in the hypogastrium a large, red, globular body, which was considered by some, to be the liver, and by others a peculiar disease of the other ovarium. It was recommended that an exploratory opening should be made with a trocar into this mass. A trocar was accordingly plunged into it by the operator. On the instrument being with-

drawn a great gush of blood and liquor amnii took place. The wound which had been made into the walls of the gravid uterus was stitched up, and also the wound in the abdominal parietes, and the patient, who had been rendered insensible with chloroform, was removed from the operating theatre. I was not present to witness the spectacle, and never saw the patient either before or after the operation. At 3 o'clock the following morning labour commenced, and went on as if nothing extraordinary had occurred. A dead fœtus of four and a half or five months was expelled with the afterbirth. I saw, and carefully examined the placenta the same day, and found that the trocar had not only pierced the walls of the gravid uterus, but had passed completely through the centre of the placenta, near the insertion of the umbilical cord. The large opening which had been made with the trocar from the uterine to the fœtal surface of the organ was completely pervious. The patient died soon after, and the operator did not desire the body to be examined, and an inquest was not held. A telegram quickly conveyed to Paris and Milan an account of what had occurred. "It was the fault of the artist, not of the operation," said a veteran ovariotomist, when he heard of the catastrophe which had befallen the woman and her unborn child.

Case 295.—On Thursday, the 10th October, 1862, at 3 a.m., I was requested to see a patient, æt. 33, whose labour had commenced on Monday morning at 3 o'clock. The presentation was natural and the dilatation of the os uteri had gone on very slowly during the Tuesday and Wednesday. I found the bones of the head overlapping one another, and loose; there was a fetid discharge, and there could be no doubt that the child had been dead some time. The practitioner in attendance proposed applying the common midwifery forceps. I inquired if he did not

feel perfectly certain that the child was dead. The answer was that there could be no doubt. It was an old rule in midwifery, I said, not to apply the forceps to the head of a dead child, even if the head, as in this case, was resting upon the perineum. A crotchet was soon brought, and the head safely extracted. No pain followed the birth of the child, and it was necessary to pass up the hand into the uterus, to separate and extract the placenta.

Case 296.—At 6 p.m., 3rd December, 1862, I was called to a distance from London to see a lady whose first labour had commenced at 2 a.m. The pains were strong and regular, and the membranes gave way at 11 a.m. A portion of the cord descended along with the head, and when I saw the patient it was hanging out of the vagina, and destitute of pulsation. The head of the child was still above the brim of the pelvis, and was prevented from descending into the cavity by what we considered to be an enlargement of one of the ovaria. Under the circumstances it was considered best at once to put an end to the labour by lessening the head. The patient recovered most favorably, and has again been pregnant, and the question of inducing premature labour has been fully considered.

Case 297.—Saturday, 21st November, 1863. Mrs. —— first labour commenced at 5 a.m. During the day there were occasional feeble pains, and at 6 p.m. the os uteri was very little dilated, thick, and rigid. At 3.30 a.m. of the 22nd, its border had become thin, and the orifice was dilated to the size of half-a-crown or more. At 1 p.m. the orifice was fully dilated, and there being some hæmorrhage the membranes were ruptured, and a great quantity of liquor amnii discharged. The pains continued feeble till the evening, and as the patient had been much out of health during

the whole of the pregnancy, it became doubtful whether artificial assistance would not be required. At this time a portion of umbilical cord without pulsation was felt descending along with the head. A consultation was held, and it was suggested that delivery should be completed with the forceps. The gentleman who made this proposal was reminded of the fundamental rule in midwifery, that the forceps should not be applied to the head of a dead child. The head was easily opened and extracted with the crotchet. The placenta was in a morbid condition, but was extracted without difficulty, and the patient recovered most favorably.

Case 298.—On Saturday about mid-day, 28th November, 1863, I was requested to see a patient, æt. 30, in Westminster, whose first labour had commenced on the Thursday morning. The head had not passed completely through the brim of the pelvis; it was greatly swollen; pains nearly gone; pulse rapid; patient felt greatly exhausted. Mr. —— had attempted to apply the forceps, but had not succeeded. It was obvious that the labour could not go on longer with safety, and all who were present (three in number) agreed in the propriety of delivering immediately in a manner consistent with the safety of the mother. The discharge was so fetid that it appeared highly probable the child was dead.

Case 299.—On the 2nd December, 1863, Mr. ——, Elm Terrace, Fulham road, called upon me at 12 o'clock, and informed me that he was attending a patient who had been thirty-eight hours in labour, with a distorted pelvis. I went at 1.30, and found the base of the sacrum projecting forward so much as almost to reach the symphysis pubis. Dr. —— was in constant attendance. The os uteri, almost beyond the reach of the finger, was not fully dilated. It was

with the greatest difficulty that I could reach the presenting part, and it was very doubtful if it was the head—I thought it might be a shoulder. The necessity for the performance of the Cæsarean operation was considered, but we agreed to wait for a time to see whether the os uteri would not become more dilated, so as to allow the presenting part to be ascertained. It was obvious that the hand could not be passed up so as to turn the child. At 8 p.m., the os uteri was more dilated, and it was ascertained that the head was the presenting part, but almost beyond reach of the finger. We determined to attempt to deliver by craniotomy, although it seemed extremely doubtful if the attempt would succeed. I passed up the perforator with great difficulty, and opened the head, and until the brain began to escape I was not absolutely certain that the perforator had penetrated the skull. From 9 o'clock till 12, or longer, every effort was made to extract the head. Some of the bones came away. The bones of the cranium were all broken up, but by no efforts could the head be brought through the brim. Craniotomy forceps were employed, without any result. At last I introduced the left hand a little into the vagina, and carried two fingers forward on the outside of what remained of the head, and reached an orbit. The point of the crotchet was introduced into this, and strong efforts were made to draw the base of the skull along the right side of the pelvis, where there was the greatest room. The frontal bone came away and the hold was lost. I then passed the crotchet into the mouth, and it seemed certain that in no long time the whole head would be extracted, but all the bones of the face came away, and still the remainder of the head was above the brim, and could not be reached by any means. At 1.30 a.m., being completely exhausted, we resolved to give the patient some hours' repose, and in the course of the day renewing the attempt to

deliver. An opiate was administered. On inquiring why premature labour had not been induced and all this difficulty and danger obviated, we were informed that the patient in the early months of pregnancy had consulted a homœopathic physician, who never made any internal examination to ascertain the condition of the pelvis, and remained under his care until near the full period of pregnancy, when she applied to Mr. ——.

In the afternoon I consulted three eminent practitioners, and they were, at least two were of opinion, that if the delivery could not be completed with the crotchet, the Cæsarean section should be performed, but before doing this, that another attempt should be made to deliver. The patient desired to be made insensible with chloroform before the attempt was renewed. Seven drachms were administered in the course of four hours, when I succeeded in dragging the shattered bones of the head into the world. A strong cord was then firmly tied around the neck, and traction made while I attempted to reach one of the arms with the crotchet. Unfortunately it was a blunt pointed crotchet, and by no force could I succeed in making it enter any part of the trunk or arms. Being then thoroughly exhausted, it was resolved not to persevere in the unavailing efforts to extract the trunk. Next morning she was in a moribund state, and died in the evening.

The distance between the base of the sacrum and the symphysis pubis did not exceed an inch and a half in the dried state. The whole of the lumbar vertebræ projected forward, so as to lie over in a great degree the brim of the pelvis and obstruct the entrance of any body into the superior aperture.

Case 300.—At 4 a.m., of the 16th of December, 1863, I was requested to see a patient in labour at a considerable distance from London. An arm pre-

sented, and the funis, without pulsation, was hanging out of the vagina. Three medical gentlemen of sound judgment and great experience in the practice of midwifery, had attempted, without success, to deliver by turning the child. They had all succeeded in reaching a foot, but by no efforts that they had made, could the lower extremity be brought down, and the version completed. I passed up my left hand and got a firm hold of the foot between my fore and middle fingers, but failed to bring down the lower extremity. An effort with the right hand was equally unsuccessful. As the child had long been dead, I removed the left superior extremity hanging out of the vagina, tore the thorax open with the crotchet, then removed the other superior extremity, and afterwards had little difficulty in passing the crotchet to the spine and drawing the head and lower extremities into the world. The head was fortunately not entirely separated from the neck, and it was speedily delivered by the left hand and crotchet. On the 19th December, I was informed by Dr. —— that the patient was "going on, in every respect, well."

The Second Edition of my 'Clinical Midwifery,' published in 1848, comprised the histories of five hundred and forty-five cases of Difficult Preternatural and Complicated Labour. This volume, containing three hundred additional cases of a similar nature, arranged in the order of time in which they occurred, in the manner adopted by Mauriceaux, Paul Portal, Gifford, and Smellie, may be regarded as a continuation of the 'Clinical Midwifery.'

PRINTED BY J. E. ADLARD, BARTHOLOMEW CLOSE.